"Measuring Community Capacity: State of the Field Review and Recommendations for Future Research"

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The views expressed herein do not necessarily represent the views of Health Canada.

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Highlights

- The authors were funded by Health Canada, Health Policy Research Program, to conduct a year-long research project involving a comprehensive review of the literature on community capacity assessment and to develop recommendations for a future research agenda.

- The research team searched the published and grey literatures for relevant articles using the keywords "community capacity" and other closely related terms.

- Potentially relevant articles were screened using 5 criteria: Is it about community capacity? Does it describe actual attempts to measure capacity? Was the project community-based research? Did it offer practical guidance for decision-makers? Was it a rural setting?

- Articles that met most of the criteria (or which had exemplary relevance) were assessed by the research team using a questionnaire that rated quality and relevance for informing policy.

- Key themes and significant gaps in the literature (from the practitioners' point of view) were identified.

- 11 practitioners and academics from across Canada and the US agreed to participate in 2 rounds of a Delphi consultation. They provided written feedback on the literature review findings and draft recommendations.

- Based on the literature, the Delphi responses, and the researchers' own experience in attempting to measure community capacity, we propose the following agenda for future research:

    1. We recommend that Health Canada fund **interdisciplinary research partnerships** specifically involving organizational and community development scholars and practitioners to further develop complementary and mixed methods for measuring community capacity.
    2. We recommend that Health Canada fund **interdisciplinary research projects** specifically involving organizational and community development scholars and practitioners that a) are for the primary purpose to measure community capacity as a determinant of health, b) use the methods and tools developed from Recommendation 1, and c) are demonstrably embedded in community change processes. Secondarily, we recommend that Health Canada fund **evaluation research projects** that seek to further understanding of increased community capacity as an outcome of community health development initiatives.
    3. We recommend that Health Canada fund a research project that targets the organizational and community development scholars and practitioners involved in the two research initiatives described above (Recommendations 1 and 2) to further understanding of effective and efficient mechanisms for **knowledge transfer** in measuring community capacity.

Sommaire du projet (traduction de la version originale anglaise)

Les auteurs ont reçu un financement du Programme de recherche sur la politique en matière de santé de Santé Canada. Ce financement a permis d'effectuer un projet de recherche d'un an qui incluait une revue détaillée de la littérature sur la mesure de la capacité communautaire (community capacity) et a permis de formuler des recommandations précises pour un éventuel programme de recherche.

L'équipe de recherche a recherché la littérature publiée et la littérature non officielle pour identifier des articles pertinents en utilisant des mots-clés tels « community capacity » et d'autres termes qui y sont reliés.

Les articles qui semblaient pertinents ont été triés en utilisant 5 critères : Est-ce que l'article traite de capacité communautaire ? Décrit-il des projets concrets qui mesurent cette capacité? Est-ce que le projet de recherche est effectué au niveau de la communauté ? S'agit-il d'un projet en milieu rural ? Offre-t-il des recommandations pratiques et utiles pour les décideurs ?

Les articles qui satisfaisaient au plus grand nombre de critères ou qui étaient particulièrement pertinents ont été évalués par l'équipe de recherche en utilisant un questionnaire qui attribuait un score pour la qualité et la pertinence pour orienter l'établissement de politiques.

Les thèmes majeurs et les vides importants retrouvés dans la littérature (du point de vue du praticien) ont été identifiés.

Onze praticiens et académiciens répartis à travers le Canada et les États-Unis ont accepté de participer à deux sessions de consultation de type Delphi. Ils ont fourni par écrit des commentaires sur la revue de littérature et sur la version préliminaire des recommandations.

Selon la littérature, les réponses de la consultation (Delphi) et l'expérience personnelle des chercheurs lors de travaux antérieurs de mesure de la capacité communautaire, l'équipe de recherche propose le programme suivant pour d'éventuels projets de recherche :

1) Nous recommandons la mise en place d'un financement par Santé Canada pour des **collaborations de recherche interdisciplinaire** où des académiciens et praticiens en développement communautaire et organisationnel développeront des méthodes complémentaires et variées pour mesurer la capacité communautaire.
2) Nous recommandons la mise en place d'un financement par Santé Canada pour des **projets de recherche interdisciplinaire** où des académiciens et praticiens en développement communautaire et organisationnel a) seront identifiés dans le but premier de mesurer la capacité communautaire en tant que déterminant de la santé, b) utiliseront les méthodes et les outils développés suite à la recommandation #1, c) seront clairement partie intégrante de processus de changements au niveau communautaire. Deuxièmement, nous recommandons la mise en place d'un financement par Santé Canada pour des **projets de recherche évaluative** qui permettront de mieux comprendre l'amélioration de la capacité communautaire comme résultat d'initiatives de développement de santé communautaire.
3) Nous recommandons la mise en place d'un financement par Santé Canada pour un projet de recherche qui cible des académiciens et praticiens en développement communautaire et organisationnel impliqués dans les projets de recherche décrits ci haut (recommandations #1 et #2), permettant de mieux comprendre les mécanismes prouvés efficaces et efficients en termes de **transfert de connaissances** dans la mesure de la capacité communautaire.

Executive Summary

Why is this important

The focus on community capacity has gained increased prominence in health promotion over the past 10 years. We define community capacity as "the ability of people and communities to do the work needed in order to address the determinants of health for those people in that place" (Bopp, GermAnn, Bopp, Baugh Littlejohns, & Smith, 2000). The interest in community capacity has grown because health promotion practitioners and academics increasingly see that effective action requires engaging communities directly and in ways where meaningful decision making power is shared. We believe that measuring community capacity is useful not only for assessing the ability of community members to work together to take action on health determinants but also for assessing generically the health status of the community.

Literature Review

The research team searched the published and grey literature for relevant articles using keywords such as 'community capacity', 'empowerment', 'social capital', and other related terms. 123 potentially relevant articles were retrieved. These were screened using five criteria: Is it about community capacity? Does it describe actual attempts to measure capacity? Was the project community-based research? Did it offer practical guidance for decision-makers? Was it a rural setting? Twenty-three articles met sufficient criteria to be included in a detailed assessment. These were significant contributions to the field of community capacity measurement.

We then identified key themes and significant gaps in the literature (from the practitioners' point of view). These key themes are: (1) Gaps between theory and practice; (2) Outsider and insider perspectives; (3) Funder-driven vs. community-based projects; (4) Purposes for measuring community capacity; (5) Preconditions for measuring community capacity; (6) Choice of methodology; (7) A call for mixed methods; (8) Community capacity and/or inter-organizational capacity; (9) Domains of community capacity; (10) Impact of community capacity assessment; and (11) Lack of specifically rural relevance in the literature.

Delphi Consultation

We recruited 11 practitioners and academics from across Canada and the US to participate in 2 rounds of a Delphi consultation. In Round I, we sent them our findings from the analysis of the selected literature and asked their opinions around four main gaps we had identified: (1) Purposes for measuring community capacity; (2) Preconditions for successful community capacity assessment; (3) Levels of assessment; and (4) The value of a core set of indicators for community capacity. They sent back comments on these subjects. We then compiled these comments and sent out a second questionnaire containing draft recommendations for feedback and comments. The responses from this second round helped us formulate our recommendations.

Recommendations

Recommendation 1

We recommend that Health Canada fund **interdisciplinary research partnerships** specifically involving organizational and community development scholars and practitioners to further develop complementary and mixed methods for measuring community capacity.

The expected results from this initiative are:

- Clarification of different levels of assessment (i.e., when the target of assessment is inter-organizational networks and/or when the target of assessment is the community as a whole, where broad public participation is engaged)
- Further development of appropriate and complementary tools for assessment at each level.
- Further development of mixed (i.e., qualitative and quantitative) methods and tools for measuring community capacity.
- Identification of valid and potentially transferable community capacity indicators for implementation in practice.
- Better understanding of the preconditions, within a range of community contexts, necessary for value-added community capacity assessments.

Recommendation 2

We recommend that Health Canada fund **interdisciplinary research projects** specifically involving organizational and community development scholars and practitioners that a) are for the primary purpose to measure community capacity as a determinant of health, b) use the methods and tools developed from Recommendation 1, and c) are demonstrably embedded in community change processes. Secondarily, we recommend that Health Canada fund **evaluation research projects** that seek to further understanding of increased community capacity as an outcome of community health development initiatives.

In order to obtain funding, proposed research projects should contain specific research questions addressing one or more of the following areas for knowledge development:

- The effectiveness and efficiency of community capacity measurement methods and tools (from a practical point-of-view).
- The validity and potential transferability of the community capacity indicators developed. This would involve a comparative study design.
- An analysis of how the presence or absence of key conditions within various community contexts affects the outcomes of community capacity assessment.
- A description and interpretation of how the measures of community capacity were used. This would require longitudinal funding or follow-up studies of previous projects.
- An analysis of and critical reflection on the impact of the theory of change employed and the associated levels of assessment (i.e., when the target of assessment may be inter-organizational networks and/or the community as a whole).

Recommendation 3

We recommend that Health Canada fund a research project that targets the organizational and community development scholars and practitioners involved the two research initiatives described above (Recommendations 1 and 2) to further understanding of effective and efficient mechanisms for **knowledge transfer** in measuring community capacity.

1.0 Why is this important?

1.1 Introduction

The authors of this report have been exploring the concept of community capacity and its relationship to community health since 1996. We've worked with several, mostly rural, communities in central Alberta to develop methods and tools for capacity assessment. It has become a major focus of our health promotion practice, and thus we've been very pleased to have the opportunity to extend our work through completing this synthesis review of the literature on measuring community capacity.

We've chosen to frame our report with a personal voice, and to leaven our findings from the literature and from a cross-country Delphi consultation with our own experiences. We believe this is how our contribution can be most authentic and most useful, and we believe this is in part why we were funded to carry out this research. As Michael Patton (2003) argues, "evaluators [and researchers] often hide behind their methods: 'The survey was administered. The interviews were conducted. The data were analyzed and interpreted. Recommendations were generated" (page 125). He suggests that a major development in qualitative inquiry in recent years has been the recognition that such research is suffused with the investigators' personae. Thus, in conducting this review and presenting its findings, we acknowledge that the recommendations which are made, we made – and in doing so we drew inevitably upon our own experiences and our own understanding of the world.

1.2 What is community capacity?

In our past work, we've defined community capacity as "the ability of people and communities to do the work needed in order to address the determinants of health for those people in that place" (Bopp, GermAnn, Bopp, Baugh Littlejohns, & Smith, 2000). This is broadly comparable to some of the other most frequently used and cited definitions (see box).

However, as we argued in earlier work, and still maintain, the term is often used loosely or without definition at all (Smith, Baugh Littlejohns, & Thompson, 2001). This makes it quite challenging to sort out useful and helpful material from that which adopts the 'buzzword' of the day without offering any new or insightful contribution.

Definitions of Community Capacity

- "the characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems" (Goodman et al., 1998; Poole, 1997)
- "the set of assets or strengths that residents individually and collectively bring to the cause of improving community quality of life" (Easterling, Gallagher, Drisko, & Johnson, 1998)
- "a wholistic representation of capabilities (those with which the community is endowed and those to which the community has access) plus the facilitators and barriers to realization of those capabilities in the broader social environment" (Jackson et al., 1999)
- "the interaction of human capital, organizational resources, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of a given community" (Chaskin, 2001)

Attempts to make the definition of community capacity more specific usually involve articulating 'domains' or dimensions. This is helpful because it points more clearly toward the ways in which community capacity building successes might be recognized and measured. The table following presents a number of different versions that have been suggested.

Table 1: Domains of community capacity presented by selected authors

Source	Bopp et al., 2000	Laverack, 2001	Goodman et al., 1998	Easterling et al., 1998	Chaskin, 2001
Domains	· shared vision · sense of community · participation · leadership · resources, knowledge, and skills · communication · ongoing learning	· resource mobilization · participation · leadership · problem assessment · asking 'why' · links with other people and organizations · organizational structures · role of outside agents · program management	· sense of community · resources · skills · citizen participation · leadership · critical reflection · community power · social and inter-organizational networks · understanding of community history · community values	· skills and knowledge · leadership · sense of efficacy · social capital · culture of learning and openness	· sense of community · level of commitment among community members · ability to solve problems · access to resources

This table is an adaptation of one originally prepared by Mary-Frances Wright, Health Canada, Population and Public Health Branch (Alberta/NWT Regional Office)

None of the literature makes a strongly compelling case for one schema above any other. Indeed, there is substantial overlap among them. As Labonte & Laverack (2001a) note, "there is no definitive set of characteristics that describe a capable community; but neither do such capabilities vary infinitely by each community or situation" (page 117). In practice, communities may be guided by general sets of domains but they need the flexibility to translate these into their own terms and modify or adjust them as appropriate.

1.3 Related Concepts

There are many other terms and concepts that overlap to a greater or lesser degree with community capacity. These include social capital, social cohesion, community competence and community empowerment, among others (Poland, 2000). There is probably at least some element of fashion involved: some terms will go out of favour while other temporarily gain ascendancy. Nonetheless, while the different labels may have a common core – concern with the relationships among people in community and how these advance or impede the possibilities of collective action – there are also real distinctions among them. Becoming aware of such differences "*may* be helpful to health promotion practitioners, to the degree they illuminate some of the day-to-day power issues that inhere in any program or project seeking active participation by citizens" (Labonte & Laverack, 2001a, page 112; emphasis in original). We explain in this section how we have constructed the difference between our object of interest, community capacity, and these other similar or related terms.

We included social capital, community competence, and empowerment among our search terms, and included in our review representative samples from these literatures which met our criteria in order to capture relevant insights. Recent interest in the concept of social capital originated in the political science and sociology literature; it has since been integrated into health promotion discourse. Social capital can be defined as the "features of social organization such as networks, norms and trust, that facilitate coordination and cooperation for mutual benefit" (Putnam, 1995, page 66). While the term has become quite popular, it has also been subject to a number of critiques. Perhaps the most common objection has been that proponents neglect the potentially negative face of social capital (e.g., where it strengthens exclusive or anti-social subgroups). Our sense is that social capital studies also focus too closely upon relationships while overlooking those structural conditions that can impede effective collective action (e.g., where a community experiences a real lack of resources). Social capital is perhaps a more high level or abstract concept, in that it can be measured at levels of aggregation (like provincial or national), where by definition community capacity would be meaningless (Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997; Putnam, 2001).

Nor is it clear how social capital could be best employed in a policy- and decision-making fashion. Hayes and Dunn (1998) note that "on the ground processes for its development are poorly understood" (page 56). The federal Policy Research Initiative has launched a program of research intended to increase knowledge in this area. "There is a need to find out more about "what works" in creating or facilitating social capital.... In the absence of a clearer, conceptually rigorous framework for studying and analyzing social capital, its potential usefulness to the development of evidence-based policy remains limited" (http://policyresearch.gc.ca/page.asp?pagenm=rp_sc2).

For these reasons, we would agree with Wallerstein that a broader concept such as community capacity is more useful for health promotion (Wallerstein, 2002). Hawe & Shiell (2000) have cautioned that "the concept of social capital may add little and may perhaps even act to dilute social health initiatives already in place (under the various names of community health promotion, community development, empowerment and capacity-building)" (page 880).

Community competence has its roots in the psychology literature. Eng & Parker (1994) note that the operationalization of the concept has been hampered by both a lack of a clear definition and the limited involvement of community members in constructing measures. As well, since competence has typically been measured in a survey form (Central West Health, 1998), it only provides community indicators that are aggregates of individual level data. While this indeed has value, it is limited in what information it can provide about ecological and relational aspects of community life.

The terrain of community empowerment and community capacity overlap as well. Laverack & Wallerstein (2001) argue that "the importance of community empowerment as a central theme in health promotion has been overshadowed since the mid-1990s by discussions about community capacity, community competence, community cohesiveness, and social capital" (page 179). They go on to suggest that the advantage of empowerment as a concept is that it recognizes the importance of power relationships in a way that other terms often may not. We feel, however, that more rounded definitions of community capacity are equally attentive to the social dimension. Distinct to many definitions of empowerment is a focus upon the most disadvantaged or vulnerable groups, and actions taken to give them increased control over resources and decisions affecting their lives (Poland, 2000). Community capacity by contrast seems to be a term used in situations where local distribution of power is relatively more equal, and where attention is devoted to mobilizing action on issues about which a broad consensus regarding their priority exists. This may indicate that, in practice, there are times when each concept might most usefully take prominence.

In some ways, capacity remains a fledging concept, not sufficiently developed enough to become the object of academic contention. Nonetheless, based on our review of the literature and our previous work, we personally favour the use of community capacity as a concept that can advance community action practice. This is because

- Community capacity is action-oriented; it is most often considered in relation to a specific issue or a declared change objective. It is best assessed when agencies and communities have a common intention to take steps that will improve quality of life.
- Its policy relevance is more clear; that is, what an organization or agency might do to support positive change in important domains of community capacity is more apparent. There are for instance well-established methods for visioning. By contrast, the policy implications of knowing that greater social capital is associated with better health are less obvious.
- A rounded definition of community capacity considers the structural conditions that might enhance or inhibit the community's ability to reach its potential, while it is less clear that other concepts recognize these factors.
- Most discussions of community capacity recognize the importance of engaging people in defining relevant domains and appropriate methods of measurement for their own particular context – other concepts can be applied or imposed from the 'ivory tower'.

- In our own experience, changes in community capacity domains are what community activists see as a primary benefit from community development processes, although they do not necessarily put this name on it (Smith, Sutherland, Baugh Littlejohns, & Hawe, 2002).

1.4 How is the language of community capacity being used in practice?

A focus on community capacity has emerged relatively recently in the health promotion, public health and population health literatures (Chaskin, 2001; Easterling et al., 1998; Goodman et al., 1998; Labonte, Woodard, Chad, & Laverack, 2002; Labonte & Laverack, 2001a; McKnight & Kretzmann, n.d.; Poole, 1997). It has also captured the attention of program planners: "creating, expanding, and relying on community capacity has become a renewed objective in social policy thinking and development in Canada" (Rice & Prince, 2000, page 211). We have observed several instances in which community capacity building has been named as an objective of Canadian government agencies and funding programs. For instance, within Health Canada's Population and Public Health Branch -- "the goal of the Population Health Fund is to increase community capacity for action on or across the determinants of health."[1] Another Health Canada initiative, the Community Action Program for Children (CAPC), "provides long term funding to community coalitions to deliver programs that address the health and development of children (0-6 years) who are living in conditions of risk. It recognizes that communities have the ability to identify and respond to the needs of children and places a strong emphasis on partnerships and community capacity building."[2]

Other federal government departments have adopted the same language. Within the Department of Justice, the Community Mobilization Program of the National Crime Prevention Strategy includes as an objective, "to increase the capacity of diverse communities to deal with crime and victimization."[3] Various programs within Human

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[1] http://www.hc-sc.gc.ca/hppb/phdd/funding/health_fund.html#1

[2] http://www.hc-sc.gc.ca/dca-dea/programs-mes/capc_goals_e.html

[3] http://www.prevention.gc.ca/en/programs/cmp.html

Resources Development Canada, such as the National Homelessness Initiative (NHI), propose community capacity building outcomes. Within the NHI, the Supporting Communities Partnership Initiative has an objective, "to strengthen the capacity of communities by bringing local service providers together to develop plans that address individual needs in a seamless and coordinated fashion."[4] Community capacity building was also the focus of the Second National Rural Conference, hosted in Charlottetown in 2002 by the Rural Secretariat. According to the conference report, "community capacity building is about providing communities with the tools to help themselves, adopting a way of thinking that will add value to the social, economic and human resources that exist in each community. It is a bottom-up, long-term process that integrates the various aspects of community well-being (economic, social, environmental and cultural) and improved quality of life is its main outcome."[5]

It is similar overseas. The New South Wales (Australia) Department of Health has supported several research and demonstration efforts in community capacity building and assessment (e.g., Hawe, King, Noort, Jordens, & Lloyd, 2000). The Australian Commonwealth's department of Family and Community Services has launched efforts to "help build family and community capacity to deal with challenges and take advantage of opportunities that come along" (cited in Botterill & Fisher, 2002, page 4). Casswell (2001) identifies a number of community initiatives in New Zealand, while Dallas, Ngarimu, & Roberts (2002) address the capacity building and family support intent behind certain programs for Maori communities in that country. And this is far from being an exhaustive list.

Hawe, Noort, King, & Jordens (1997), in their review of literature related to capacity building in health promotion practice, identify three levels at which capacity can be built. We have found this framework useful in setting the scope of our own research in this project. At the initial level, capacity building can be directed toward increasing the ability of (an) organization(s) to carry out a defined program. There are basic organizational capacities such as financial management, staff development, information technology etc., required for any organization to function (Glickman & Servon, 2003).

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[4] http://www.homelessness.gc.ca/initiative/i02-1_e.html

[5] http://www.rural.gc.ca/conference/report2_e.phtml#foreword

In program terms, we can think, for instance, of the capacity to deliver on a mandate such as cardiovascular disease or cancer prevention (Schwartz, Smith, Speers et al., 1993; Meissner, Bergner, & Marconi, 1992). The Saskatchewan and Alberta Heart Health Projects have explored the organizational capacity to deliver community development or health promotion programs (McLean et al., 2001; Smith, Raine, et al., 2001). As another example, there is also a growing literature on evaluation capacity, which describes the ability of groups, organizations and possibly communities, to evaluate specific programs or policies, or more generally adopt an evaluative attitude toward their activities. This was the theme of the 2000 American Evaluation Association annual conference. (As a representative sample of this literature, see Bozzo, 2002).

We chose not to include organizational capacity of this sort within our literature review, despite what we've found to be the intimate linkages between community capacity building and organizational effectiveness to support that work (GermAnn & Smith, 1999). It is our contention that actions of this first sort represent only an aspect of community capacity building (in the same way that increasing individual skills and knowledge can be said to contribute to improved community capacity). We are interested more in literature that conceives of capacity in a broader sense.

At the next level, Hawe et al. identify literature focused on how a network of organizations and community groups works to deliver programming (the institutionalization and sustainability of program activities). This is how the term was used in some early, large-scale heart health projects (Jackson et al., 1994) and in some of the Canadian Heart Health Initiative dissemination projects, such as that in Nova Scotia (Heath et al., 2001). In many cases, what is referred to as community capacity by these authors is actually operationalized by assessing how agency partnerships, coalitions, or other networks function to deliver defined benefits for communities. We look at this in more detail in Section 4.0.

Finally, Hawe et al. note that some authors speak of community capacity building as the development of the ability to solve problems, a generalized ability that transcends any one concern or problem. Capacity building of this kind is seen as a major benefit of health promotion programming, yet one often achieved as an incidental or unacknowledged result, one not valued by funders (Hawe, King, Noort, Gifford, & Lloyd, 1998). Practitioners are not held accountable for delivering these results and there is therefore little incentive to report or measure it. Literature with this sense of community capacity building was what we were primarily trying to capture in our research.

1.5 Why community capacity is important

We think this turn toward community capacity in the health promotion literature, and in writing from similar disciplines, follows on a series of earlier evolutions and developments. The field has moved from an original emphasis upon education, and later community mobilization, to more refined understandings that effective community improvement efforts require engaging those who are experiencing an issue directly and in a way where meaningful decision-making power is shared (Labonte, 1994; Robertson & Minkler, 1994; MacDonald, 1996).

Changes in community capacity can be seen as a potential proxy measure for improved community health. By this logic, measurable changes in capacity will reflect changes in the community that will translate into impact on more distal health outcomes (Smith, Baugh Littlejohns, & Thompson, 2001; Easterling et al., 1998). For example, an increased sense of community may eventually show up in observably better health outcomes. An unresolved question in the existing literature is the means-ends question (Labonte & Laverack, 2001a). Is capacity valued, and thus appropriately measured, as capacity to carry out specific tasks and solve specific problems, or can it be useful to measure it more generically, as a feature of community context in the same way as health status or demography? For the purposes of the research presented here, this distinction is noted and explored. We've included both approaches to the extent that each is reported and used in the available literature.

Given the proliferation of writing claiming to be about community capacity assessment and building, we believe that it is important at this time to take stock, to get a handle on the literature and state of development of this area. In particular, our interest (as health promotion practitioners and researchers) is in how community capacity as a concept can be applied to address the issues that commonly arise for community activists and program- and policy-makers in health and human service agencies. Accountability issues are fundamental here. It is insufficient to hope or believe that actual change is occuring; some measurement evidence is required if the project of community capacity building is to have credibility over the long-run. Without gains in our ability to demonstrate success, the further advancement of practice is greatly impeded.

1.6 Rural Health Promotion Practice is a Promising Setting to Advance Knowledge about Community Capacity

Much of the existing literature appears to be aspatial, in that the possible differences between urban and rural settings are not acknowledged or are presumed to be largely inconsequential (see Section 4.0). Nonetheless, we think that there is great potential to advance this work in rural areas, for these reasons:

- A lack of extensive agency infrastructure means there is more of a surviving tradition and on-going need for community members and volunteers to work together for change.
- Rural communities often have clear geographic boundaries and strong community attachments, whereas local identification may be more diffuse within large urban centres.

- It is possible in small communities to have a substantial proportion of the population directly engaged in some part of community capacity assessment, which lends itself strongly to the use of participatory methods for defining and measuring capacity.
- For many rural communities in the modern world, their very survival may be at stake; the urgency in finding ways to address decline, and the inability to rely upon governmental or external support, necessitates a shared strong commitment on the part of the community members as a whole to pursue alternatives.

We believe that developing better knowledge of community capacity is an area where rural people, and the agencies and organizations that serve them, can step forward and show leadership. Many of these people, in our experience, are keen to show how their knowledge can take a central place in the development of improved understanding and means for collective action.

1.7 Assessing and Building Community Capacity is Intimately Linked to Health Promotion Values

We want to be clear and up-front about our underlying values and assumptions, since these inform our approach to this research and ground our conclusions and recommendations. We adhere to health promotion values, as described below. If our readers share and accept these values, the research agenda we've proposed should make sense. If one doesn't share these values, our understanding may perhaps be somewhat less compelling.

The David Thompson Health Region's Community Action Team, those staff who've facilitated and supported our on-the-ground efforts in partnering with communities on capacity building projects, have expressed their shared values in the following way:

- The essence of good health promotion practice is building positive relationships with people.

- The active participation of people from all walks of community life is key to the process of strengthening community action.
- Shared vision is critical to success.
- Community members have extensive knowledge and understanding of the community's history, its people, resources, strengths and weaknesses.
- Health promotion must recognize, validate, and build on strengths, rather than focus on needs and deficit.
- Sustainability is an essential outcome for community actions. Sustainability is not rooted in programs but is rooted within the people of a community.
- Each community is unique.
- Successful health promotion is dependent upon effective collaboration with other sectors/groups that influence health.
- Ongoing critical reflection is essential.
- Celebration of successes, big and small, and having fun are essential ingredients of community success.

Adherence to these health promotion values has shaped the kind of research we conduct in our Health Region. We advocate and pursue community-based research. Senge & Scharmer (2001) suggest that this is realized where researchers together with community residents a) establish a shared statement of purpose and a shared set of guiding principles, b) develop infrastructures that support community building, c) undertake collaborative projects that focus on key change issues and d) create contexts for further deepening common purposes and improving infrastructures. We explicitly tailored our literature review to capture evidence about measuring community capacity that fits with this approach. It would be incongruent for us to promote any other method.

1.8 The Current Research: How Useful is the Community Capacity Measurement Literature from a Practice Point of View?

Given the above background, what we thought important to do was to systematize our thinking and test it against the developments in theory and practice that have emerged in the years since we first began work on these questions. We conceptualized our objectives in the context of the Health Policy Research Program's call for proposals about what is known regarding effective methods for measuring or assessing community capacity.[6] We chose two research strategies. First, we conducted a careful review of the available literature. Then, we asked several of our peers and colleagues to participate in a Delphi consultation, so that they might validate (or not) our assessment of the state of the field and our sense of where the most significant research gaps are. The implications, possible implementation, and detailed explanation of our final recommendations are reported in the sections which follow.

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[6] http://www.hc-sc.gc.ca/iacb-dgiac/arad-draa/english/rmdd/rfp/rfp003.html

2.0 Discussion of policy and program implications

2.1 Community level implications

The practical implications of the recommendations outlined in this report are perhaps greatest at the community level. First, health promotion and community development practitioners are seeking reliable and valid methods and tools to facilitate the building and assessment of community capacity. The research outlined in this report will provide the needed expertise for moving the field forward.

Second, in our experience community members are often skeptical about evaluation of health promotion initiatives and are therefore reluctant to become involved in this aspect of development work. Further research following the lines we suggest will reveal most fully how community capacity measurement could directly contribute to community change efforts. This could greatly influence how community action initiatives are implemented. Of course, without deliberate effort to communicate and disseminate findings, the implications and impact of new research will not reach nearly their full potential.

Third, we need research projects that specifically measure community capacity as a determinant of health. Increasingly in our work we have found that the domains of community capacity that we have come to understand -- participation; leadership; sense of community; ongoing learning; communication; shared vision; knowledge, skills and resources – are critical to community health status and improvement. By funding research in this area, we will support efforts to broaden understanding of what makes people living in one community healthy and others not. This research will help inform policy-makers, service providers and community members of the contribution that the places in which Canadians live, and their relationships to the people among whom they live, make to both individual and community health.

Finally, communities are extremely complex environments in which to work or study. Research into measuring community capacity has been growing within many different disciplines. The agenda we propose holds great promise to bring these different sectors together.

2.2 Regional level implications

Regional Health Authorities (RHAs) have become the major organizing structure in Canadian health systems (existing in nine out of ten provinces). We suggest that measuring community capacity may be an important role for RHAs to undertake. Building community capacity is a clear area in which RHAs can act to address the broader determinants of health that are otherwise outside their mandate and means to deal with. However, because of the demand for increased accountability to which the entire health system is subject, senior policy/decision makers will expect articulate discussion of health outcomes before they increase their efforts to advocate for such community health development strategies. The research base built up from the recommendations we make here should help to demonstrate convincingly that community capacity building is indeed an activity worth the investment of health system resources.

There is also some research suggesting that RHA decision makers may have a direct interest in the capacity of their communities. Veenstra & Lomas (1999) argue that effective local governance – including "health needs reflection, policy implementation, population health improvement, fiscal responsibility and administrative efficiency" (page 2) may be theoretically linked to the nature of the community being governed, as represented by such things as social capital. It may thus be one factor in the success of RHAs as institutions. For instance, an objective of regionalization has been to bring decision-making closer to the public. Levels of community capacity may determine how successfully this goal will be met. Kouri & Hanson (2000) go so far as to hypothesize the "health reform in rural areas has been limited by decreased community capacity" and that "reform can only succeed if it at the same time succeeds in increasing such capacity" (page 31).

A key aspect of the population health approach is the identification and support of vulnerable populations. We believe that our research recommendations will support this work in regions by explicitly measuring community capacity as a determinant of health. For example, the relationship between socioeconomic status and health status is well understood. However, we do not know if and how the social and economic characteristics of a community are related to community capacity. We believe that measuring community capacity is an important contribution to population health and may be a less stigmatizing way in which to address issues such as poverty. In this way it is similar to John McKnight's focus upon community assets rather than deficits (Kretzmann & McKnight, 1993) or the appreciate inquiry approach (e.g., Ludema, Cooperrider, & Barrett, 2001).

2.3 National level implications

More and more frequently we see "increasing community capacity" as an objective for health improvement initiatives across the country (see section 1.0). There seems to be a clear need for cross-departmental dialogue. This can be resolved by bringing together a broad range of researchers and practitioners as we suggest in our recommendations.

Gaining support for and initiating a community health development approach to health promotion is challenging at best. A clear national commitment to dedicated research on community capacity measurement would assist considerably in adding legitimacy and credibility to this work. With targeted funding to our research recommendations, we believe that the field will be able to move forward relatively quickly. Without this targeted funding only small, localized steps will be taken. Little by way of national knowledge development and knowledge transfer will occur. We believe that community capacity measurement is a content area particularly ripe for research transfer because a) many academics and practitioners are interested in it, b) many different disciplines address it, and c) participation and collaboration are guiding values for those working in the field.

3.0 Discussion of possible implementation of the findings

3.1 Implementation of Recommendation 1

We recommend that Health Canada fund **interdisciplinary research partnerships** specifically involving organizational and community development scholars and practitioners to further develop complementary and mixed methods for measuring community capacity.

The expected results from this initiative are:

- Clarification of different levels of assessment (i.e., when the target of assessment is inter-organizational networks and/or when the target of assessment is the community as a whole, where broad public participation is engaged)
- Further development of appropriate and complementary tools for assessment at each level.
- Further development of mixed (i.e., qualitative and quantitative) methods and tools for measuring community capacity.
- Identification of valid and potentially transferable community capacity indicators for implementation in practice.
- Better understanding of the preconditions, within a range of community contexts, necessary for value-added community capacity assessments.

In order to implement this recommendation the following suggestions are provided:

3.1.1 Consensus Workshops

Fund a series of workshops across the country where dollars are used for coordination and travel. Targeting dollars in this way would facilitate face-to-face interactive opportunities for discussion and synthesis of knowledge.

- The Canadian Centres for Health Promotion Research may be well-placed to host these workshops.
- The Centres (or other organizers) would be responsible for identifying academics from many disciplinary perspectives with a keen interest in community capacity (likely sources include university faculties of Social Work, Public and Community Health, Psychology, Political Science, or Environmental Design) and recruiting them to participate.
- The Centres (or other organizers) would also identify organizational development scholars who have a background in inter-organizational networks (e.g., Faculties of Management) and recruit them to participate.
- Both quantitative and qualitative methodologists must be at the table.
- Health Canada together with conference organizers should concurrently identify and recruit practitioners who have experience and background in community capacity building (e.g., Population Health Fund project coordinators, social planners from municipalities, community developers/health promoters in Regional Health Authorities, community activists, etc.).
- A pre-reading package (based upon our literature review and Delphi results, reports from the other two Health Policy Research Program-funded projects in this area, and other relevant reading) should be prepared and used as a launch for deliberations.

3.1.2 Administrative Support

This funding needs to include an administrative support team consisting of at least i) an administrative assistant to support coordination of invitations, facilities and correspondence, ii) high calibre facilitators who can straddle both the academic and practice communities to conduct workshops, and iii) a writing team to complete a synthesis document that would specifically address the consensus of attendees around such key practice questions as

- ➢ the validity of different theories of change and related targets of assessment,
- ➢ proposed mixed methods and tools,
- ➢ promising community capacity indicators, and

- ➢ preconditions for value-added community capacity assessment.

3.1.3 Synthesis Document

The workshop syntheses should be disseminated in hard copy and web based formats.

- The workshops and resulting documents should provide an impetus for partnerships to be established between organizational and community development scholars and practitioners and therefore should enhance the prospects for high quality research proposals as called for in Recommendation 2. More importantly, this should lay the foundation for ongoing relationships that will enable productive future endeavours.

3.2 Implementation of Recommendation 2

We recommend that Health Canada fund **interdisciplinary research projects** specifically involving organizational and community development scholars and practitioners that a) are for the primary purpose to measure community capacity as a determinant of health, b) use the methods and tools developed from Recommendation 1, and c) are demonstrably embedded in community change processes. Secondarily, we recommend that Health Canada fund **evaluation research projects** that seek to further understanding of increased community capacity as an outcome of community health development initiatives.

In order to obtain funding, proposed research projects should contain specific research questions addressing one or more of the following areas for knowledge development:

- The effectiveness and efficiency of community capacity measurement methods and tools (from a practical point-of-view).
- The validity and potential transferability of the community capacity indicators developed. This would involve a comparative study design.
- An analysis of how the presence or absence of key conditions within various community contexts affects the outcomes of community capacity assessment.

- A description and interpretation of how the measures of community capacity were used. This would require longitudinal funding or follow-up studies of previous projects.

An analysis of and critical reflection on the impact of the theory of change employed and the associated levels of assessment (i.e., when the target of assessment may be inter-organizational networks and/or the community as a whole).

In order to implement this recommendation the following suggestions are provided:

3.2.1 Call for Letters of Intent

A call for Letters of Intent (LOI) should be issued by the Regional Offices of Health Canada's Population and Public Health Branch.

- This LOI should target people involved in Healthy Communities Initiatives. Sherwood (2002) has recently identified some key contacts among existing active networks and projects.
- The synthesis document resulting from Recommendation 1 can form a template for LOIs.

3.2.2 Full Proposals

Population and Public Health Branch offices should select a variety of proposed research projects to complete a full proposal that will best further knowledge development in measuring community capacity.

- Full proposals should describe and be rated on their adherence to the following criteria: i) how is the research embedded in a community change process, ii) what evidence is provided that community capacity assessment is an appropriate intervention in the given circumstances, iii), what theory of change underlies the proposed community capacity building process (is the target for assessment inter-organizational networks or the community as a whole), iv) is the project evaluation research and/or an assessment of community capacity as a determinant of health?

- Proposals should require meaningful partnerships (ideally involving at a minimum universities, municipalities and RHAs).
- Sufficient lead time to make linkages and develop proposals is required. (In our experience, this suggests at least four months is needed.)

3.2.3 Selecting Research Projects

Fund a variety of research projects across the country. While we think that rural and remote communities would be fertile sites for such research, urban-based projects should not be excluded.

- Evaluation research should be eligible but only after projects that address some of the different purposes for community capacity assessment (e.g., to measure capacity as a determinant of health) are funded.
- Community-based research should be prioritized; wherever possible, community members must be fully engaged in determining the course of research, data collection, analysis and reporting and feeding back into planning cycles.
- Some portion of research funding should be available to support community action efforts to address capacity domains prioritized as a result of community dialogue.
- Outcomes of these research projects would be i) analysis of the effectiveness of methods and tools, ii) articulation of specific indicators and their uses, iii) discussion of preconditions, iv) descriptions of impacts of theories of change and level(s) of assessment, v) influences of context (e.g., political, economic, historical) on the uses of community capacity indicators.

3.3 Implementation of Recommendation 3

We recommend that Health Canada fund a research project that targets the organizational and community development scholars and practitioners involved the two research initiatives described above (Recommendations 1 and 2) to further understanding of effective and efficient mechanisms for **knowledge transfer** in measuring community capacity.

In order to implement this recommendation the following suggestions are provided:

3.3.1 National Research Coordinator

Hire a National Research Coordinator to act as a network specialist. This coordinator would:

- Facilitate discussion among organizational and community development scholars and practitioners to ensure cross-fertilization of ideas.
- Produce a quarterly newsletter updating people on the progress of measuring community capacity research projects across the country.
- Organize a reverse trade fair to bring together organizational and community development scholars and practitioners after the research projects (Recommendation 2) have been selected. The research project investigators would travel from "booth to booth" to find extramural expertise and share ideas about how to implement and disseminate their research.

3.3.2 Call for Proposals in Knowledge Transfer Research

Issue a call for Letters of Intent through the Canadian Centres for Health Promotion Research (or other appropriate bodies).

- The focus of proposals should be on research that will describe how knowledge gained (through Recommendation 1 and 2) in measuring community capacity is exchanged and used in decision-making processes at the three levels of analysis indicated in Section 2.0 above – community, regional and national.
- We believe that an appropriate method for such a project would have an interdisciplinary research team interview all participants involved in Recommendation 1 and 2 research projects to identify successful products and processes for research transfer and knowledge management.

4.0 Consolidation of knowledge gained

The following section reports on the findings from the literature review, two rounds of a delphi consultation process and concludes with recommendations for future research in measuring community capacity.

4.1 Literature review

The literature review followed a process described in detail in the methods section of this report (see Section 6.0). We sought out both published and grey literature relevant to our study. Articles were screened against five criteria: Is it about community capacity? Does it describe actual attempts to measure capacity? Was the project community-based research? Did it offer practical guidance for decision-makers? Was it a rural setting? We retrieved 23 articles that best met our screening criteria (see Appendix I) from an initial 123 articles and reports (see Appendix II). We then reviewed the selected 23 articles using a structured article assessment tool (see Appendix III). Eleven themes emerged from our assessment and these are described below.

4.1.1 Theory and practice

Our study of the literature revealed a disconnect between the theoretical measurement of capacity and the practice of community capacity building. We found that articles which met our screening criteria, and whose primary aim was to describe a measurement tool or process, generally did not report on practice within communities (e.g., Bush, Dower, & Mutch, 2002; Krishna & Shrader, 1999; Fawcett et al., 2002; Narayan & Cassidy, 2001). On the other hand, the more practice-oriented articles tended to describe the process of community capacity building, with explanation of the measurement process being only a secondary aim (e.g., Robinson, Cox, Somlai, Purdey, & Prasai, 1997; Thompson, Baugh Littlejohns, & Smith, 2000, Smith, Sutherland, Baugh Littlejohns, & Hawe, 2002; Varghese & Parkins, 2002; Spiegel et al., 2001; Bopp & Bopp, 2002).

None of the articles that we reviewed described or promoted a method or tool that was both well theorised and well validated in practice.

4.1.2 Outsider and insider perspectives

We observed that the literature by and large fails to consider that multiple and perhaps conflicting perspectives on community capacity measurement may exist in practice. Our experience makes us sensitive to the challenges that emerge when these tensions are overlooked.

For example, Bush, Dower & Mutch (2002) reports on a measurement process from a researcher's point of view and describes data collection methods as follows: "The target sample size was 10 informants per neighbourhood. Interviews were conducted by phone and open-ended questions were entered and analysed in a qualitative text software program" (page 7). On the other hand, Purdey et al. (1994) describe measurement from community members' perspective. In their process, "using participatory action research (PAR) methodology, teams of local women are being trained as researchers to work with the Health Development Project staff" (page 330). These two articles are demonstrative of the various perspectives contained within the selected articles.

4.1.3 Funder-driven and community-based assessments

Although we specifically sought literature that exemplified community-based assessment projects, most assessments of community capacity appear to be funder-driven. In assessing each article, we analyzed the extent of community involvement in determining that measuring community capacity was needed (see Appendix III, Question 18). Five of the articles described capacity assessment in theory, and did not report a specific practice experience. In 10 of the remaining 18 articles, the decision that community capacity needed to be assessed appeared to have been made by the project funder. We also assessed the extent of community involvement in determining the tool and/or measures used to measure community capacity (see Appendix III, Question 19).

Again, in 10 of the 18 articles that reported on actual capacity assessment, it appears that the funder determined the method or tool for assessment without evident community input. We did not find one example of what we considered to be a community-driven decision regarding the appropriateness of carrying out measurement or the selection of a specific measurement tool.

4.1.4 Purpose for measuring community capacity

Most of the articles we reviewed (17 of 23) took anevaluative approach; that is, they measured community capacity in order to judge the success of community health development projects (e.g., Thompson, Baugh Littlejohns, & Smith, 2000). This accords with the findings of an earlier literature review (Central West Health, 1998). Another possible purpose is to measure community capacity as a feature of "the community" (i.e., in the same way that low-birth weight or life expectancy are used as measures of health status; or as measures of social capital might be used to describe community norms). However we found practically no literature that adopted this perspective.

4.1.5 Preconditions for measuring community capacity

We found little in the literature about the preconditions or the context within which community capacity measurement was undertaken. The decision to conduct a capacity assessment appeared to be a given in most articles. Seven of the articles had no reference to preconditions, and 10 had very little reference to any existing contextual features during capacity assessment. Only five of the 23 articles made some mention of preconditions that affected the use of the specific community capacity assessment tool (Bopp et al., 2000; Narayan & Cassidy, 2001; Robinson et al., 1997; Schnoes, Murphy-Berman, & Chambers, 2000; Purdey, Adhikari et al., 1994).

4.1.6 Different methodologies for measuring community capacity

Of the 23 articles assessed, 10 articles described predominantly qualitative methods of measurement. Seven articles described quantitative methods, three articles described mixed methods and three articles did not refer to any specific type of measurement (as they were theoretical).

Table 2: Number of articles and type of methodology described

Method described	Qualitative	Quantitative	Mixed	N/A	Total number of articles
Number of articles	10	7	3	3	23

Generally, the articles that described qualitative methods promoted and used participatory workshop and focus group techniques. Eleven articles referred to workshops or focus groups, eight articles referred to surveys, two articles referred to a mix of survey and workshop methods and one article used in-depth interviews. One article described no specific type of data collection method. Workshop methods appear to be favoured among qualitative researchers; most seem of the opinion of Gibbon, Labonte, & Laverack, (2002), who state that their experiences in several settings "underscore the importance of a 'facilitated dialogue' or workshop approach to assessing community capacity domains" (page 489).

Table 3: Number of articles and data collection tool described

Data collection tool described	Workshop	Survey	Mixed	Interviews	N/A	Total number of articles
Number of Articles	11	8	2	1	1	23

4.1.7 Call for mixed methods

We noted in the literature a call for the use of mixed methods (qualitative and quantitative) in the measurement of community capacity (e.g., Bush, Dower & Mutch, 2002; Fawcett et al., 2002; and Krishna & Schrader, 1999). However, as indicated above we found few examples of this approach in practice. Fawcett et al. (2002) describe the use of mixed methods as "weaving a rich tapestry of understanding around the initiative's efforts, and offering a solid understanding of the community-level outcomes. They are much more powerful together than either could be alone" (page 9).

4.1.8 Community capacity and/or inter-organizational capacity

The literature uses the terms "community capacity" and "organizational capacity" inconsistently, interchangeably, and often without defining them at all. We found, however, that we could divide the articles into two categories. One category was "community capacity", whereby measurement was focused on a broad cross section of citizens and their ability to work together effectively (e.g., Bopp et al., 2000; Purdey, Adhikari, Robinson, & Cox, 1994; Thompson, Baugh Littlejohns, & Smith, 2000). The other category was "inter-organizational capacity", where the measurement was targeted to the ability of organizations and agencies to work together effectively (e.g., Bush, Dower & Mutch, 2002; Armstrong, Kehrer, Wells, & Wood, 2002). For example, Bush et al. (2002) refer to a community capacity index tool and the defined purpose of the tool is to "help identify the extent of community capacity available within a network of organisations and groups at the local level" (page 7). Ten of the 23 articles we studied focused on inter-organizational capacity in their descriptions and assessments. It is important to note that we believe both approaches are valid, however, further clarification of their different theories of change is very much needed.

4.1.9 Domains of community capacity

We used our framework that identifies seven community capacity domains (Bopp et al., 2000) to assess the 23 articles. The domains most referred to in the articles were participation (15 of 23); knowledge, skills and resources, (10 of 23); shared vision (9 of 23); sense of community (7 of 23); and communication (7 of 23). Only two articles mentioned the relevance of leadership and ongoing learning. Four articles referred to the problem-solving abilities of communities.

Additional domains that were mentioned were quality of life, network partnerships, and neighbourhood cooperation. This analysis informs us of what the authors value and therefore likely deem important to measure with respect to community capacity.

4.1.10 Impact of community capacity measurement

There was almost no mention of the impact of capacity assessments nor indication of how information was used, if at all. Analysis of the strengths and weaknesses of the processes, methods and tools were also missing. Furthermore, there was no mention of any intent to test, use or follow-up on the methods and tools described for measuring community capacity. Eighteen of the articles made no mention of subsequent uses of these methods and tools and the other five had only passing mention. We believe that for health promotion practitioners and policy-makers, analysis of the impact of measurement would be of great interest and importance.

4.1.11 Rural relevance

Despite the fact that we specifically looked for rural assessment projects in our literature review, we found that only eight of 23 articles described projects that were implemented in rural regions. There were four articles set in urban communities and the remaining 11 were either a) set in a mix of urban and rural communities, b) did not clearly specify the setting, or c) were theoretical models that did not discuss whether geography was an important consideration in their use. We found no noticeable trends in the literature with regard to measuring community capacity in rural communities per se.

4.2 Delphi I

The findings from our literature review were synthesized into four main questions. These addressed the most significant of the gaps that we perceived in the literature, and were also informed by our own experiences in community health development. The full wording of the questions is attached as Appendix IV.

We posed these questions to a panel of 11 practitioners and academics who had agreed to provide written feedback through a two-round Delphi consultation. Our findings from the first round are presented below. All quotations in this section come from participant responses, though specific individuals are not identified.

4.2.1 Purposes of Measuring Community Capacity

Some respondents agreed with, and none explicitly disputed, our assertion that most of the current literature on measuring community capacity has an evaluative focus. Most were willing to offer their own view as to what the primary purpose for measuring community capacity ought to be. The range and variety of these responses was notable:

> "The primary purpose for measuring community capacity is to provide an assessment for communities to use in reflecting progress towards their stated goals".

> "The purpose of measuring capacity … needs to be for all partners to learn and understand more deeply what needs to be healed, learned or developed in order to achieve development goals".

> "Measuring community capacity should first take its place as a means by which communities and people/organizations that want to work with them get from a place of mutual acquaintance and awareness of ways to work together to a place of mutual understanding of specific community issues/gaps/opportunities".

> "The primary purpose for measuring community capacity is to understand how it contributes as a determinant of individual and community health".

> "The whole point of measuring community capacity (and even thinking in terms of community capacity) is to find leverage points for improving the health status of a community".

Perhaps most striking to us was that these responses seem to be broadly beyond and outside of evaluative purposes. They reflect the benefit of developmental processes, mutual engagement, and knowledge creation, and these may of course (subsequently) lead to action and evaluation of action. But the value in measuring community capacity for many appears to precede such instrumental and focused application.

We did not ask why the literature was slanted as it was, but some responses (and our reading of the literature) suggest it may be related to who gets to write up their experiences. Respondents spoke of two perspectives in the assessment process: the community and the researcher. The purpose of community capacity measurement was perceived often to differ between these players. Most of the published studies are government-, funder-, or academy-sponsored, and these groups may have a stronger interest in project evaluation than does the practice community. This disconnect is highlighted by respondents in comments such as "the literature just does not reflect or capture a lot of excellent practitioner work. Practitioners tend to simply 'get on with it'. The majority of the work does not even get a mention in grey literature".

In our experience, evaluation (at least as it has traditionally been done) is often an external requirement imposed by funders and researchers. The community does not necessarily place the same priority on assessing its capacity in order later to evaluate the results of community capacity building. What community members, and many practitioners, need is a clear understanding of how such information is going to be practically useful and relevant.

4.2.2 Preconditions

An important initial finding from our review of the literature was that there was very little written about preconditions or pre-requisites for an exercise in community capacity measurement. Thus we asked our Delphi respondents to list what they saw as possible preconditions, based on their own knowledge and practical experience.

There seemed to be general agreement on the need for community support:

> "The only time one would want to get involved in community capacity assessment is when there is already a shared intent to work on some form of community capacity building".
>
> "A significant group within the community should want to work on an issue or a problem".
>
> "Key leaders [should be] in agreement".
>
> "A common understanding of why they [i.e., the community members] are assessing capacity".

The importance of having an existing community process to build upon was also seen to be important:

> "An active core group will have engaged a significant portion of community members in an exercise of "mapping" the community conditions and dynamics, or at the very least will have secured some degree of community consensus".
>
> "There should be a strong coalition ready to lead- or at least to take an active part in the assessment process".
>
> "Project communities need time to develop a modicum of internal capacity and of shared understanding so that they indeed can enter a collaborative working relationship as true partners who can be equally engaged".

Another important thing that emerged from this question was the fact that a large number of our respondents spoke of the timing of measuring community capacity. For example, "sometimes communities are not ready for measurement and just need to concentrate on building community capacity".

Other preconditions offered by respondents included different forms of external support, such as funding, resources, information and expertise. Notions such as "a high level of trust", "available resources and skills", "funding", and "shared understanding" were repeated by various respondents. For example, the reference to a shared understanding within and outside the community was made by six of eight respondents, while the idea that skills and resources must be available internally or externally was given by four of eight respondents.

4.2.3 Levels of Assessment

From the literature review, we identified two approaches to measuring community capacity. One depicts capacity as manifest through inter-organizational networks and thus best measured with tools that describe characteristics of organizations and networks. The other approach identifies capacity as a feature of "the community" more generally. With this approach, capacity would be measured by engaging broad public participation and would address "the community" as a whole. Most respondents indicated that the two approaches should be viewed as complementary and not distinct.

> "I don't believe these are competing approaches, just different, and in ideal circumstances both approaches would be dealt with in a particular instance".

> "The two could be measured at the same time thereby obtaining indicators related to the inter-sectional network as well as to features of a community that contribute to health".

> "When capacity is built along one dimension, it often lays the groundwork for other forms of capacity building".

Two respondents explicitly talked about the difference they saw in an inter-organizational perspective. They described this approach to measuring community capacity as "being easier", with "less time needed", having "clear boundaries" and being "not as in-depth". Although we did not find evidence of these differences in the literature, we felt they were important to note.

Several respondents urged caution in taking complementary to mean free from potential conflict, since the two approaches "can work together or at cross-purposes". This caution was described by one respondent as the potential of the inter-organizational capacity approach to be rooted not in the community, but in the outsiders looking in. One respondent summed it up nicely by stating that the two approaches are "based upon value judgements about whose interests should be paramount" and another respondent wrote that the inter-organizational capacity approach has the danger of "boxing-out true community engagement".

The two approaches appear to be based upon different theories of change. The community and the inter-organizational capacity approaches were succinctly described by Delphi respondents as being "two vantage points".

> "Different pathways to community change … where is it most likely to occur"?
>
> "Different elements of community capacity would be emphasized and tracked over time depending on theory of change/process".
>
> "Underlying different understandings or philosophies of how change comes about … in ideal circumstances both approaches would be dealt with in a particular instance".
>
> "Formal and informal manifestations of capacity".
>
> "Dependent on the stage of development in the community change process".

> "Insider vs. outsider view of how change occurs in the community".

It appears to us that the choice of level of assessment is intimately related to the choosers' theory of change; that is, how they see actions most likely leading to the desired impact. For some communities, perhaps those with a well-functioning network of organizations, change might be effected most easily by working through this existing channel. Others might approach the matter differently. Stone (2002), for instance, argues that "community organizing and neighborhood development may be essential steps in building capacity.... To be effective, the effort [may] require reaching beyond the usual array of professionalized voluntary organizations and engaging the more loosely organized portion of civil society" (page 13).

4.2.4 Core Set of Indicators

We read a range of responses to the question -- Should we pursue the development of a core set of capacity indicators? Some respondents suggested that this was desirable: "I agree that community capacity research should work towards a recommended core set of measures". Other respondents gave the opposite response: "I am not a fan of a core set of indicators". Most took a somewhat middle position; they were skeptical about the field's current ability to achieve a workable core set -- "we are far from being able to consider having a core set of indicators" -- and emphasized the possible dangers of setting indicators in stone; yet were unwilling to jettison the idea entirely. They recognized and stated some ways in which they felt a core set might be useful.

Possible dangers in pursuing a core set of indicators were indicated by respondents:

> "We might lose community context trying to quantify/normalize indicators; at which point they are no longer useful to communities".

> "There is some questions of domains that don't fit different contexts and that could, if universally applied, wind up being disempowering".

"Quantitative indicators over time can be viewed as fact, divorced from contextual factors".

"I do not believe that there will be a set of questions and format that is suitable for all circumstances".

"The social realm defies a one size fits all approach to measurement".

"Indicators, once declared take on a disproportionate importance and once in the minds of managers and other drivers of projects, can unwittingly skew decision-making".

"I am opposed to "cookie cutter" approaches and to simplified "how to manuals" that carry a connotation of best practice and that others should feel some obligation to employ and follow verbatim".

"Community capacity is a context dependent term and would need to be measured through many different dimensions, measured at many different levels. A core set of indicators could not be thorough".

Respondents also considered ways in which a common set of indicators might be useful:

"We recognise the utility of developing a core set of indicators with community-specific add-ons" [though the respondent did not identify what this utility was].

"I do think there is some promise in looking for standardised measures when we get to some of the specific dimensions of community capacity such as inter-organizational collaboration, trust, leadership, etc".

> "A common set of measures would enable comparisons among communities that all could learn from".

There was clearly agreement among the respondents that in measuring community capacity, use must be made of both qualitative and quantitative information. Though most respondents claimed that qualitative indicators are absolutely necessary, there was also majority claim that quantitative indicators could be selectively used for a better understanding of certain components of community capacity. In particular, different 'domains' of capacity might be more or less amenable to quantification: "The question that should be asked (regarding quantitative methods) is what aspects of community capacity can or should be measured quantitatively?" More than one respondent made this point, yet we did not see this same call in the literature we reviewed.

In our experience, practitioners currently face enough challenges in simply introducing to communities the idea of measuring capacity; the lack of a core set of indicators is thus no immediate impediment to knowledge development. A greater challenge for furthering practice lies with our ability to blend qualitative and quantitative types of data. Qualitative data, in particular, is something that many find difficult to apply in decision-making. "We need to deepen the work on qualitative indicators," as one respondent suggested. That's a task which researchers in the field of community capacity assessment would seem to have strong motivation to undertake.

4.3 Delphi II

The Round II questionnaire of the Delphi process attempted to further refine the main themes identified in the literature and the Round I responses. We put forward a set of 11 draft recommendations, deliberately framed to be pointed and even provocative (Appendix V). We believe that most of the recommendations were met with overall agreement, and it appears to us that respondents who disagreed were largely trying to add cautionary notes or clarification.

On the basis of the Round II responses, we amended our thinking about our final recommendations in the following two ways.

We suggested in Round II that, given the degree to which evaluative purposes appear to be predominant in the published literature, that funding for such projects be de-emphasised in the future. We feel that the practice of community capacity measurement is being impeded by the limited literature available that reflects how and why (and to what effect) capacity can be measured where the purposes are for other than project-specific evaluation. However we were reminded that evaluation remains a very valuable tool and strategy for community health development work. Thus, we should not shut the door on evaluation research; there need to be continued efforts in evaluation and therefore continued funding for such work.

We suggested that future research would best be pursued through partnerships between academics and practitioners. This was strongly supported in Round II, but we were urged to remember that the inclusion of community leaders and activists as full partners is critical. We also noted that transfer of knowledge and research between academics and practitioners in a variety of fields was important for the development of community capacity measurement tools. This is one area where further consultation would be beneficial.

4.4 Recommendations for a Future Research Agenda

Based on the feedback received, we revised our original proposals into a final set of three recommendations. These three recommendations for future research are:

4.4.1 Recommendation 1

We recommend that Health Canada fund **interdisciplinary research partnerships** specifically involving organizational and community development scholars and practitioners to further develop complementary and mixed methods for measuring community capacity.

The expected results from this initiative are:

- Clarification of different levels of assessment (i.e., when the target of assessment is inter-organizational networks and/or when the target of assessment is the community as a whole, where broad public participation is engaged)
- Further development of appropriate and complementary tools for assessment at each level.
- Further development of mixed (i.e., qualitative and quantitative) methods and tools for measuring community capacity.
- Identification of valid and potentially transferable community capacity indicators for implementation in practice.
- Better understanding of the preconditions, within a range of community contexts, necessary for value-added community capacity assessments.

4.4.2 Recommendation 2

We recommend that Health Canada fund **interdisciplinary research projects** specifically involving organizational and community development scholars and practitioners that a) are for the primary purpose to measure community capacity as a determinant of health, b) use the methods and tools developed from Recommendation 1, and c) are demonstrably embedded in community change processes. Secondarily, we recommend that Health Canada fund **evaluation research projects** that seek to further understanding of increased community capacity as an outcome of community health development initiatives.

In order to obtain funding, proposed research projects should contain specific research questions addressing one or more of the following areas for knowledge development:

- The effectiveness and efficiency of community capacity measurement methods and tools (from a practical point-of-view).

- The validity and potential transferability of the community capacity indicators developed. This would involve a comparative study design.
- An analysis of how the presence or absence of key conditions within various community contexts affects the outcomes of community capacity assessment.
- A description and interpretation of how the measures of community capacity were used. This would require longitudinal funding or follow-up studies of previous projects.
- An analysis of and critical reflection on the impact of the theory of change employed and the associated levels of assessment (i.e., when the target of assessment may be inter-organizational networks and/or the community as a whole).

4.4.3 Recommendation 3

We recommend that Health Canada fund a research project that targets the organizational and community development scholars and practitioners involved the two research initiatives described above (Recommendations 1 and 2) to further understanding of effective and efficient mechanisms for **knowledge transfer** in measuring community capacity.

4.5 Findings at a Glance

The diagram that follows summarizes how our initial literature review themes were distilled into four key questions as part of the first Delphi consultation. Building on respondent feedback, eleven draft recommendations were presented as part of the second round of consultation. Three final recommendations resulted.

Findings at a glance

- Theory and practice
- Outsider and insider perspectives
- Funder-driven and community based assessments
- Purposes for measurement
- Preconditions for measurement
- Different methodologies for measurement
- Call for mixed methods
- Community capacity and/or inter-organizational capacity.
- Domain of community capacity
- Impact of measurement
- Rural relevance

Literature review identified important themes

- Purposes
- Preconditions
- Levels of Assessment
- Core set of Indicators

Round I questions focussed on key gaps in the literature

- Evaluation research and other purposes for capacity measurement
- Fund practitioners
- Research should happen within a community change process
- Study preconditions
- Explore inter-organizational capacity and community capacity
- Interdisciplinary research partnerships
- Core set of Indicators is not a priority
- Blend qualitative and quantitative methods
- Domains

Round II questions proposed a draft research agenda

1. Fund interdisciplinary partnerships. These partnerships would investigate the following:
    - Levels of assessment
    - Mixed methods of assessment
    - Valid indicators
    - Preconditions
2. Fund interdisciplinary research demonstrably embedded in a community change process to measure community capacity using methods developed in recommendation 1.
3. Fund interdisciplinary research to further understanding of effective and efficient mechanisms of knowledge transfer in measuring community capacity.

Final recommendations for a future research agenda in community capacity measurement are proposed

5.0 Plans and prospects for publication and dissemination of the results to policy makers and organizations

As practitioners working in a health service delivery organization, our resources to disseminate research are somewhat limited. We believe that there are three channels which we can most readily make use of and these are conference presentations, professional organizations, and publication.

Three conference presentations based upon the research have been carried out or are currently planned. The project objectives and methods were presented by one of our team at the 3rd Canadian conference of the Rural Health Research Society (October 2002). We presented preliminary findings and draft recommendations at the Canadian Public Health Association conference held in May 2003 in Calgary. This conference also allowed us to share our findings with our colleague Dr. Jim Frankish who is conducting a concurrent research project under the same Health Canada funding program. A third presentation, based on the final report, is scheduled for July 2003 at the annual conference of the Canadian Institute of Planners. We will continue to present at other health and community development related conferences as opportunities present and resources permit.

We are also prepared to use newsletters and meetings of those professional organizations to which we belong in order to share findings within Alberta. These include the Alberta and Canadian Public Health Associations and the Canadian Evaluation Society. Other groups which we expect may be interested include the Universities of Alberta, Calgary and Lethbridge; Alberta Health and Wellness; Public Health departments in Regional Health Authorities; the Research Transfer Network of Alberta, and the Alberta Heart Health Project.

Significant dissemination outside Alberta would likely only be possible with additional resources. However we do intend to prepare a paper for the Canadian Journal of Public

Health that summarizes the consolidation of knowledge gained from this research project. We hope, time permitting, to develop a more detailed treatment for a relevant academic journal (e.g., Health Promotion International, Journal of Public Health Policy, or Community Development Journal). While we intend our final report to be freely available in electronic version and on the Health Region's website, only a limited number of printed copies will be prepared. We understand other funded projects (at the University of British Columbia and the University of Western Ontario) are considering web-based inventories of capacity assessment resources as part of their work, and we believe that academic institutions such as these are better placed to carry out a project of such scale.

The opportunity to participate in dissemination activities that might arise out of the implementation of our recommendations (as described earlier) would be most welcome. With additional resources, primarily for travel and organizational activities, several further projects would be possible. One project that we believe would inform health promotion practice immediately would be a workshop outlining our findings and how they can be applied. This could be done in conjunction with bringing our Delphi respondents (and others) together for discussion on our recommendations. We believe that with their experience, and with the common understanding of the project created by their participation in our Delphi project, we could move forward towards a combined understanding of community capacity measurement, its possible methods and tools, preconditions and purposes.

6.0 Summary of the objectives and research methods

6.1 Research Objectives

This research was conducted with the following objectives in mind:

- To conduct a comprehensive review of the existing literature on community-based health promotion research projects which have attempted to measure and build community capacity;
- To provide a critical analysis of the literature from a practice-based perspective;
- To validate research findings with a cross-Canada reference group of 8-10 individuals who have extensive experience with community-based health research projects; and
- To develop recommendations about a future national research agenda for measuring and assessing community capacity.

6.2 Research Methods

This research was conceptualized as a synthesis review. We began with a look at the literature on systematic reviews and meta-analysis in order to inform our design. A systematic review is "a study that addresses a focussed research question, uses explicit eligibility criteria to determine which studies will be included and conducts a comprehensive search of the literature to identify all eligible studies. A systematic review then assesses the validity of the studies identified for inclusion" (Frank & Deveraux, 2003).

Key to a convincing review is that all the screening and assessment criteria be explicit, so that readers and other researchers know how the authors arrived at their decisions and so can make informed judgements as to whether or not to lend credence to the review. Our criteria for literature selection and critical assessment of eligible articles are included in this report.

Reviewers often emphasize the quality of published research, using such schemes as a hierarchy of evidence with random controlled trials taken to be the highest standard. While we did consider the quality of the literature, we did not make this our primary focus. This is due to both the early state of development in the field of community capacity measurement and to the broad range of concepts being covered. Our criteria were designed more to judge material on its practical relevance to health promotion practitioners.

6.3 Sources Reviewed and Selection Criteria

To identify existing literature on the measurement of community capacity, several health-related and community-related databases were searched. These were MedLine, CISTI, ProQuest, Academic Search Premier, Agricola, Caredata, Social Sciences Abstracts, ERIC, OCLC, ESRC, and the Centre for Research Libraries (see Appendix VI). Our search deliberately included databases from the health field as well as those more associated with fields such as social and environmental development.

We used the terms community capacity, community capacity evaluation, community competence, community development, community economic development, conscientisation, eco-health, empowerment, empowerment evaluation, healthy communities, indicators, participation, program evaluation, social capital, and social development. Hits that were obviously not relevant were discarded.

A scan of the world-wide-web was conducted to find articles and reports in the grey literature. We searched databases maintained by academic institutions such as Columbia University; Harvard University, Department of Social Work; University of Manitoba; University of Kansas; and the Community Economic Development Centre at Simon Fraser University. Databases held by the Canadian International Development Agency, the World Bank, the UK Department for International Development, the Institute of Development Studies, Health Canada, Environment Canada, and the David Suzuki

Foundation were helpful in providing information and leads to other sources. A list of all the organization and university databases we searched is included as part of Appendix VI.

In addition to the searches described above, we also used the internet engines Google, Yahoo, and Meta-crawler to search for the terms community capacity, community capacity measurement, capacity evaluation, community development, and empowerment evaluation. The bibliographies of articles found relevant to the measurement of community capacity were also examined for references that had not been previously identified.

We attempted to locate recent literature and to identify work done in the last 10-15 years. However, we did not entirely eliminate relevant material from before this time. We also limited our search to English language articles and reports only.

6.4 The Review Process and Inclusion Criteria

We set up two stages of exclusion criteria for the hits that our keyword searches returned. The initial criteria for literature selection included a) community capacity building, b) community-based research, c) practical relevance, d) measurement of community capacity, and e) rural context. See the text box for the definition of these terms as used in this research.

Community capacity building: Articles should (a) accord with the definition of community capacity, and describe activities that are aimed to bring about improvement in the ability of community members to work together effectively in collective efforts to improve health; and (b) should have a community-wide focus (as opposed to involving only a few individuals). Articles describing projects where capacity building is the primary intent were preferred.

Community-based research: Articles should describe circumstances under which community members and researchers have come together to undertake collaborative work. Articles should demonstrate that the community and the researchers agree on key principles including especially that the results of the research will be used directly to support change in the community.

Practical: Articles should describe a real-world experience; strictly conceptual or theoretical articles should not be included. It should contain information that would help a decision-maker answer the hypothetical questions "If I am asked to support a community capacity assessment project, should I do it? What would my organization need in order to properly support such a project?"

Measurement: Articles should provide some description of how community capacity was measured.

Rural: Articles should explicitly note work that has been undertaken in a rural context.

Although we had initially expected to use all these criteria, we found that we had to overlook one or more in order to have a set of literature large enough to usefully review. 123 articles were approved in the first stage of screening. These were read by one member of the research team to determine if they should be included in or excluded from our study. Most articles were acquired and read completely. Those that were more difficult to acquire were judged on the basis of their abstracts. Articles or article abstracts whose relevance was unclear were read by all members of the research team and a joint decision reached regarding inclusion. Our final screened list of articles numbered 23. These were entered into a ProCite database.

The second stage of the research involved reviewing each paper in full. In order to standardize the review, we created an article assessment tool in the form of a questionnaire that had to be completed by research team members for each article that they read. This assessment tool, with the final consensus rating given to each question for each of the 23 articles is attached as Appendix III.

The tool helped us to assess the context of each study, the quality and completeness of the article, and its ability to inform practice.

Table 4: Results of Screening Criteria for the 23 Articles Selected for Assessment

Article	Community Capacity Building?	Community Based?	Practical?	Measurement of Capacity?	Rural?
1. Armstrong et al., 2002	✓	✗	✓	✓	✗
2. Bopp & Bopp, 2002	✓	✗	✓	✓	✓
3. Bopp et al., 2000	✓	✓	✓	✓	✗
4. Bush et al., 2002	✓	✓	✓	✓	✓
5. Cheadle et al., 1998	✓	✗	✓	✓	✗
6. Dallas et al., 2002	✓	✗	✓	✓	✗
7. Fawcett et al., 2002	✓	✓	✓	✓	✗
8. Hurworth, Harvey, & Rutter, 2002	✓	✗	✓	✓	✗
9. Jeffery, Abonyi et al., 2002	✓	✗	✓	✓	✓
10. Krishna & Shrader, 1999	✓	N/A	✗	✓	N/A
11. Labonte & Laverack, 2001b	✓	N/A	✗	✓	N/A

Article	Community Capacity Building?	Community Based?	Practical?	Measurement of Capacity?	Rural?
12. Narayan et al., 2001	✓	N/A	✗	✓	✗
13. Purdey et al., 1994	✓	✓	✓	✓	✓
14. Putnam, 2001	✓	✗	✓	✓	✓
15. Robinson et al., 1997	✓	✓	✓	✓	✓
16. Schnoes et al., 2000	✓	✗	✓	✓	✗
17. Smith et al., 2002	✓	✗	✓	✓	✗
18. Spiegel et al., 2001	✓	✗	✓	✓	✗
19. The Aspen Institute, 1996	✓	N/A	✗	✓	✗
20. Thompson et al., 2000	✓	✗	✓	✓	✓
21. Varghese & Parkins, 2002	✓	✗	✓	✓	✓
22. Veazie et al., 2001	✓	✗	✓	✗	✗
23. Wickizer et al., 1993	✓	✓	✓	✓	✗

Three of the articles fulfilled all five criteria, eight satisfied four of the five criteria, seven satisfied three of the criteria, and five articles satisfied only two of the criteria. Articles that were included despite covering only two criteria were retained either for their overall significance or for their uniqueness. They also served to represent the full range of work in the field of community capacity measurement.

All articles were reviewed by at least two of the research team, with all three reviewing five of the articles to establish a common grounding for assessment. We include here an inter-rater reliability table that describes the extent to which the research team members initially agreed upon the rating to be given to each article on each question. (See Appendix III for the exact wording of each question.)

Table 5: Inter-rater Reliability by Question

Article Assessment Tool Question (Question Number)	Number of articles on which all raters initially agreed	Total number of articles assessed by raters	Inter-rater reliability (%) [initial agreement/total number of articles]
What methods were used? (Q11)	12	20	60.0 %
Do authors recommend further use of this assessment method? (Q12)	15	19	78.9 %
Are the conclusions supported by the evidence presented? (Q13)	13	19	68.4 %
Was measurement the primary focus of the article? (Q14)	18	20	90.0 %
Was the measurement process well-described? (Q15)	16	20	80.0 %
Were the measurement tools well-described? (Q16)	17	19	89.5 %
Are other indicators of success suggested? (Q17)	14	19	73.7 %
Who determined capacity measurement was needed? (Q18)	17	19	89.5 %
Who determined this tool was appropriate? (Q19)	16	19	84.2 %
Were prerequisites for community capacity building discussed?(Q20)	10	19	52.6 %
Were prerequisites for using this assessment method discussed? (Q21)	12	19	63.1 %
Is there an estimate of time, cost? (Q22)	16	19	84.2 %
Is the assessment method or tool replicable/transferable? (Q23)	16	19	84.2 %
Is the method or tool easy and practical to use? (Q24)	13	19	68.4 %

Are necessary aspects of organizational capacity identified? (Q25)	16	19	84.2 %
Is there evidence of subsequent use of the findings by the authors? (Q26)	15	19	78.9 %
Is this article a substantial contribution to the literature? (Q27)	14	19	73.7 %

There were five questions (numbers 11, 13, 20, 21 and 24) on which interrater reliability scores were less than 70%. Regarding methods (question 11), there was some initial disagreement among the research team members regarding the definition of qualitative, quantitative and mixed methods. For example, some articles measured qualitative aspects of community capacity and quantified these aspects using a scale or checklist. Research team members originally rated these differently. We discussed the disagreement and reached consensus on each article.

On question 13 (are the authors' claims supported by the evidence they present?), research team members' ratings depended upon whether the claims being made were explicit or implicit. Researchers having greatest familiarity with the community capacity measurement literature were able to judge implicit claims more confidently than those team members with more limited experience. The different opinions are important, however, when taking into account that most practitioners and decision-makers who might call on the literature for guidance will likely not be highly proficient in reading, interpreting, or applying academic research findings.

Most articles did not clearly define pre-requisites for successful community capacity building and measurement (questions 20 and 21). We had some disagreement as to the clarity of pre-requisite identification. While in some articles the pre-requisites were clearly stated, in others the pre-requisites were somewhat ill-defined or were inferred rather than specified. For example, although few articles said how long it would take to carry out their measurement process, one might be able to infer the amount of time required by the description of the process. The team members did not originally make these inferences in a uniform way.

When research team members independently assessed the replicability and ease of the measurement tools reported in the literature (question 24), considerable differences in response emerged. This was due to differences in the way "ease" was interpreted. On one side, research team members who took the perspective of community members and front-line health promoters deemed methods that rely upon complex statistical analysis or computer simulations to be difficult, while more qualitative approaches were seen as easier to replicate in the field. On the other side, research team members who noted the great skill and effort required to effectively facilitate group processes deemed those methods to be of the highest difficulty. In discussion, the team acknowledged that both types of method reported in the literature posed unique challenges for any attempt to duplicate them in other practice settings.

6.5 Delphi Consultation – Round I and II

The Delphi technique is a form of group process that generates consensus through a series of questionnaires. Usually the respondents are unable to meet in one place due to geographical or time limitations. Initially, the Delphi was developed as a forecasting technique, but is now used to clarify, prioritize, or identify problems and solutions (Gilmore, Campbell, & Becker, 1989). We chose the method because it allowed us to consult with a multidisciplinary and geographically dispersed group of experts to validate, challenge and guide our final recommendations on the basis of a variety of experiences.

We invited colleagues from across Canada and the United States to participate. These experts were chosen for their experience in the practice of community capacity building and measurement in a variety of fields such as health, community development and international development. A large number of our contacts were initially identified at a conference on community-level indicators held in Jasper (AB) in October 2002.[7]

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[7] The conference program and proceedings are available at http://www.dthr.ab.ca/services/byservice/research.htm

They thus had already demonstrated interest in both community capacity and in measurement issues. In addition, several of them had authored works included within the literature that we assessed. We contacted 15 people by email with a request to participate. Eight of these individuals agreed; in addition, some recruited their own colleagues to help them respond. Consequently, a total of 11 people made up our final Delphi panel. This group included university-based researchers and current practitioners. They came from six Canadian provinces and the United States. We obtained written consent from all participants for inclusion of their comments into our final report.

The Delphi Round I questionnaire was developed in December 2002 and pilot-tested with three individuals in January 2003. It posed four questions based on the main themes that we found from our literature review. (We also asked a fifth question, inquiring about additional references we may have missed in our literature search. We received a number of suggestions here, though none of these ended up being material that would have passed our initial screening criteria for inclusion.)

The four main questions addressed these issues:

1. The evaluative focus of community capacity measurement,
2. Preconditions and requirements for community capacity measurement,
3. Differences between approaches to community capacity that measure inter-organizational networks and those which measure features of the community as a whole, and
4. The value of a core set of community capacity indicators.

The response rate to Round I was 100%. It is important to note here that although we had 11 participants in total, some of our respondents gave a combined answer to these questions. Thus, we had eight responses available for analysis.

The responses from the Delphi participants were analysed by all three members of the research team. We identified key themes, noting areas where the respondents were in general agreement and those in which they took differing points of view.

On the basis of these responses and our assessment of the literature, we prepared draft research recommendations as part of the Round II questionnaire. These were framed as statements that "priority for future funding *should* be…" or "priority for future funding *should not* be…".

In Round II, ten of 11 participants respondent (a response rate of 91%). Two participants provided a combined response. Thus we had nine response available for analysis (indicated by the letters A to I in the table which follows). There was overall agreement on most of the recommendations we put forward. The disagreements were often aimed at the specific wording or clarification of our recommendation. The table below indicates the respondents' agreement or disagreement with each proposed recommendation. (See Appendix V for the Round II questionnaire and the exact wording of each of the 11 questions.)

Table 6: Round II- Delphi Responses to Draft Recommendations

		A	B	C	D	E	F	G	H	I
Purposes	Q1	1	--	3	3	2	4	4	1	3
	Q2	2	2	1	2	1	3	1	1	2
Pre-conditions	Q3	1	1	1	2	1	3	1	1	1
	Q4	1	1	2	2	3	3	2	2	3
	Q5	3	2	2	1	2	4	2	2	3
Organisations vs. Communities	Q6	3-4	1	2	2	--	2	3	1	1
	Q7	4	1	1	2	3	3	1	3	1
	Q8	1	1	2	2	2	1	1	1	1
Core Set of Indicators	Q9	2	1	2	2	3	1	2	2	2
	Q10	1	2	1	1	3	2	1	1	1
	Q11	3	3	1	1	4	2	2	2	2

Scale (1= strongly agree; 2= somewhat agree; 3= somewhat disagree; 4=strongly disagree)

All three members of the research team went through the Round II responses and comments in detail. Based on this feedback, we refined the original eleven draft recommendations into the three final recommendations presented earlier in this report.

7.0 References

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APPENDICES

Appendix i – Articles that met the inclusion criteria

1. Armstrong, H. W. Kehrer B. Wells P. Wood A. M. The Evaluation of Community Economic Development Initiatives. Urban Studies. 2002; Vol. 39(No. 3):457-481.

   Notes: The article is about the evaluation of Community Economic Development Initiatives. 4 Urban Case studies are used to demonstrate effective monitoring and evaluation. The article starts with a critique of traditional and existing ways of evaluating such as baseline surveys. Four characteristics of Community Economic Development that pose severe challenges are described. These are:

   1. CED has multiple objectives. These include social as well as the more traditional economic objectives.
   2. Multiple target-groups of beneficiaries exist. This is because CED areas typically contain different socially excluded groups (for example, single parents, ethnic minorities, the long-term unemployed).
   3. The benefits of CED have unusually long lead times, particularly during the capacity building phase. The pressing need to develop suitable indicators of capacity building has attracted considerable research attention and is an issue examined in detail in the next section of this paper. Even more serious a problem for evaluation, however, where assessing the ultimate outputs and outcomes of CED must be the prime goal, are the exceptionally long lead times experienced by many types of CED.
   4. CED areas typically suffer from 'multiple deprivation' (i.e. complex different barriers to social and economic exclusion). Hence, they attract the attention of many different public policies: there is complex interlocking of initiatives. This makes it hard to disentangle the impacts of the different policy interventions- a problem also known as the 'multiple counting of benefits'.

   The four above-mentioned characteristics are explored with the help of the 4 urban case studies in the article.

   Abstract: Community economic development (CED) initiatives expanded rapidly in urban and regional policy in the 1990s. Traditional evaluation methodology has, however, proved to be extremely difficult to apply effectively to CED. This paper examines existing monitoring and evaluation procedures for CED, the problems faced in applying traditional methodology and possible ways forward to ensure that more effective monitoring and evaluation can be undertaken. Evidence is drawn from four detailed case studies of urban CED projects funded as part of the 1994-96 Yorkshire and the Humber Objective 2 Structural Funds programme. These case studies were deliberately designed to experiment with alternative quantitative and qualitative evaluation methods.

2. Bopp, M. and Bopp, J. Welcome to de Swamp: Why Measuring Community Capacity is Fundamental to Transformational Work. (Unpublished work). 2002 Oct.

Notes: The article starts with the assumption that health promotion is largely the process of engaging the capacity of people and communities to address the determinants of health. The paper focuses on four themes:

1. Why building community capacity is fundamental to health development work.
2. How community capacity must be strategically linked to the specific cluster of health determinants that are the most pivotal in creating the actual health conditions giving rise to the problems that need to be addressed.
3. How the definition and measurement of community capacity using participatory action research methods directly contribute to the building of sustainable solutions; and
4. How professional capacity sets the limits to the successful leverage of community capacity in strategic solution building and how a professional orientation that focuses on building its own capacity serves as a powerful illuminator in finding pathways through the "swamp" of community based practice.

In discussing these four themes, the authors draw on concrete project examples from Kenya, Uganda and Aboriginal Canada. The projects have in common:

1. Challenging and complex health conditions creating unacceptable levels of ill-health;
2. Teams of health and development professionals focussed on finding sustainable solutions to the tangled web of problems;
3. Extremely messy processes of intervention through which professionals tried to engage communities in solution-building; and
4. Common themes and lessons.

For further information on this article, readers may contact Michael Bopp at fourworlds@telusplanet.net

3. Bopp, M; GermAnn, K.; Bopp, J.; Baugh Littlejohns, L., and Smith, N. (Four Worlds Centre for Development Learning and DTHR). Assessing Community Capacity for Change. 2000 Mar.

Notes: In this handbook, community capacity has to do with the question of whether or not the community has the characteristics, skills and energy to take on the challenges it will need to face in order to move to greater levels of well-being and prosperity. These capacities have been categorised into seven domains: shared vision; sense of community; communication; participation; leadership; resources, knowledge and skills; and ongoing learning.

After an initial description of why community capacity needs to be measured and what aspects of it can be measured, the handbook refers specifically to the authors' experience with communities within The Heart of the Land Project, the Community Grants Initiative, and The Healthy Communities Initiative. These are compiled in the form of a fictitious community called "Aspenview".

Each of the seven capacity domains are defined and detailed. Each one then has questions ascribed to it for its measurement as a domain of community capacity.
There are methods prescribed for facilitating such a process as measuring a community building tool in an actual community setting. At every stage the experiences of "Aspenview" are described to explain more clearly how this has been done.
The capacity assessment process is detailed with respect to organisational capacity and skills required. There are also four alternative versions of such an assessment process described and one can be chosen on the basis of skills, time, and resources available. Final validation and analysis methods of data collected at the assessment workshops are then described.
The Toolkit appendix gives questions for communities to assess their community's capacity.

4. Bush, R. Dower J. & Mutch A. (Centre for Primary Health Care, The University of Queensland). Community Capacity Index Manual: Version 2. Queensland, Australia: The University of Queensland; 2002.
Notes: This report describes the development of a Community Capacity measurement tool developed by The Centre for Primary Health Care at the University of Queensland in Australia. They define community capacity as a collection of characteristics and resources, which, when combined, improve the ability of a community to recognize, evaluate and address key problems. The toolkit describes a tool that they call the Community Capacity Index (CCI) that may be used:
-To establish Baseline indicators of the capacity of a network to introduce a program and later to determine improvements from this baseline.
- For strategic planning to identify the resources that a network has to carry out a program.
- To identify the capacity of an organisation to work with other organisations and groups to implement a program.
- To evaluate the capacity of a network to sustain the effects of a program over time; and
- For capacity building mapping and planning, that is, to identify what capacities have been achieved from time to time and to plan development of further capacities.
Various ways to use the CCI have been described. The CCI is described in detail by explaining the domains of community capacity and how each can be measured using the CCI. The actual steps of the tool is described through 5 steps of use; preparation, collecting the information, summarising the findings, using the findings and, validating the assessment of capacity.
The toolkit is then clarified using a case study of the evaluation of a community public health project. Questionnaires with responses are included to demonstrate how each question may be answered and analysed.

5. Cheadle, A.; Wagner, E.; Anderman, C.; Walls, M.; McBride, C.; Bell, M. A.; Catalano, R. F., and Pettigrew, E. Measuring Community Mobilization in the Seattle Minority Youth Health Project. Evaluation Review . 1998 Dec; Vol. 22(Issue 6):p699, 18p.

   Notes: The article describes an evaluation of a Seattle Minority Youth Health Project in 1994. They define Health Community mobilization as the ability of the neighbourhood to work together to solve problems and to increase pride and identification with the neighbourhood. The authors describe the project and the need to evaluate community mobilisation in a community health project. The evaluation technique described is primarily quantitative and attempts to quantify the attitudes of the community youth towards social problems and sense of community. The article focuses primarily on the methodology and not on the analysis and its implications. There is no real tool described that may be replicated for similar projects with a similar focus.

   Abstract: Assesses the validity and reliability of the approach used to measure community mobilization in the Seattle Minority Youth Health Project, a neighbourhood-based program to prevent drug use, violence, teen pregnancy and sexually transmitted diseases. Measurement of neighbourhood cooperation in solving problems; Measurement of sense of pride and identification with the neighbourhood.

6. Dallas, D.; Ngarimu, K., and Roberts, D. (Ministry of Social Development Wellington
   New Zealand). Working in Partnership: Evaluation and the Whanau development project. Australiasian Evaluation Society International Conference; Wollongong, Australia.

   Abstract: The Whanau Development Project (WDP) is a three-year initiative of the New Zealand Government that gives effect to its "Reducing Inequalities" and "Capacity Building" policies for Maori. The WDP, and its participatory-focused evaluation, put into effect a Ministry of Social Development (MSD) partnership approach to engaging Maori communities and improving social service delivery generally.

   Twelve initiatives in six regions have been set up through local Maori decision-making and based on local aspirations and priorities for whanau. They range from whanau-based organic food gardens to skill development, youth support and mentoring programs.

   Each community has identified WDP goals based on their particular focus for whanau development. In parallel, the government has two high level goals for the WDP. MSD has contracted out the evaluation but is working collaboratively with the evaluators, PHP Consulting Ltd. The control of the evaluation is being shared, satisfying the two key stakeholder interests (individual communities and government) in providing information about progress towards both set of goals.

Prior to local level evaluation plans being agreed, two-day training sessions were provided within the six regions to introduce evaluation concepts, to clarify government and community expectations about evaluation of the WDP, and to build capacity and encourage participation in evaluation at the local level. This presentation will look at how evaluation can support community and stakeholder participation in decision-making.

7. Fawcett, S. B.; Paine-Andrews, A.; Francisco, V. T.; Schultz, J.; Rishter, K. P.; Patton, J. B.; Fisher, J. L.; Lewis, R. K.; Lopez, C. M.; Russos, S.; Williams, E. L.; Harris, K. J., and Evensen, P. Our Evaluation Model: Evaluating Comprehensive Community Initiatives [Web Page]. Accessed 2002 Oct 27. Available at: http://ctb.lsi.ukans.edu/tools/EN/sub_section_main_1007.htm.
Notes: This is a part of a web publication called "Community Toolbox: Bringing Solutions to Light" developed by the "Community Toolbox" at the University of Kansas. The tool described is for evaluating community based initiatives for better performance. The questions dealt with in this section are:
    - Why evaluate?
    - Challenges to community evaluation
    - A model: community initiatives as catalysts for changes
    - Some principles, assumptions, and values of community evaluation
    - A "logical model" for community evaluation
    - some recommendations

    The tool is then briefly described in the context of a community health initiative in Kansas with which the work group at the University of Kansas had evaluation and support responsibilities.

8. Hurworth, R.; Harvey, G., and Rutter, A. (The University of Melbourne). Empowering Older Adults Through Engagement in the Evaluation Process: examples from adult and community education projects in Victoria. 2002 Australiasian Society International Conference; Wollongong, Australia.
Keywords: empowerment evaluation, participatory evaluation, adult education, older adults
Notes: The article briefly describes the theory of empowerment evaluation and its use. The tool is applied to an "Active Seniors Project" in Victoria. It demonstrates the benefits of empowerment evaluation as a tool for participation and empowerment. The project is described with respect to the methods used and some reflections are included on the process and findings at the end of the article.
Abstract: Since 1995, the Centre for Program Evaluation has been involved in several evaluations pertaining to older adult learning in Victoria. The focii of these have been to: determine the educational needs of the over 60s; create profiles of each university of the Third Age (U3A) in Victoria; assess the potential for introducing educational clustering arrangements; and examine venue requirements of U3As. Within each of these, the intention has been to move away from traditional evaluation practices where external evaluators control all aspects of the evaluation process.

Rather, the evaluation team was expected, from the outset, to involve older adults as much as possible. This paper revisits the ideas behind the empowerment approach before drawing on the experiences of the projects to describe the way that participation and empowerment encourages. Specific processes utilised are outlined, as well as the benefits and limitations of the approach.

9. Jeffery, B.; Abonyi, S.; Labonte, R. & Burka-Charles M. Engaging numbers: Health indicators that matter for people, place, and practice. (Unpublished work). 2002.
   Notes: Community capacity is defined as a community groups ability to define, assess, analyze and act on health (or any other) concerns of importance to its members. This is a preliminary article on the work done by a team of researchers from the universities of Regina and Saskatchewan on developing community level indicators with the Inuit Tapiriit Kanatami (ITK) and the Prince Albert Grand Council (PAGC) in Saskatchewan. The project includes a critical review of existing community-level population health indicators and indicator frameworks, identification of gaps in the literature related to culturally appropriate community health indicators, and utilisation of a process by which these indicators might be implemented and tracked by First Nations health organisations at the community level.
   A brief overview is given of Population Health Indicators. Existing Community Capacity indicators are then described, with reference to their domains and common focii. These are then combined with culturally specific tools such as the medicine wheel representing aboriginal health. A model including the spiritual health of communities is developed. A list of indicators more specific to aboriginal communities is described.
   The methods for involvement and participation in the two study communities is described with much of the focus on the list of indicators developed.
   For further information, readers may contact Bonnie Jeffery at bjeffery@sasktel.net

10. Krishna, A. and Shrader, E. Social Capital Assessment Tool. Conference on Social Capital and Poverty Reduction; Washington, D.C. Washington, D.C.: The World Bank; 1999.
   Notes: Social Capital is defined as features of social organization, such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit. The report describes a tool developed by researchers for the World Bank to assess the social capital in a community. Much of the article describes the various aspects of social capital and also the types of organisations that could encounter social capital- such as horizontal and vertical organisations and how their social capital may vary with structure. A conceptual framework for measuring social capital is developed by the authors. The focus is on combining quantitative and qualitative methodologies to assess the social capital of an organisation. Organisational and community capacity seem to be used interchangeably.

Abstract: As the concept of social capital has travelled beyond its seminal application among Italian regions, and as analysts have extended it to apply to other countries and regions, new and different measurement tools have emerged. Not all studies of social capital are empirically driven, and only some among them have developed and utilized any precise measurement tools. Though intending to measure the same concept, these tools differ substantially, however, from those that were developed by Putnam et al. (1993). Future researchers can either choose among the host of different measurement tools that exist today, or they can develop new ones to their own design, thereby adding to the variety that exists within this emerging sub-field.
Can some agreement not be reached about which are the best tools to apply? Will the measurement of social capital necessarily have to vary by region and country? Cannot some common method of measurement be developed that can be applied uniformly across different countries and regions of the world?
This paper addresses these questions and seeks to provide some answers based on the evidence that is available at this time. Part I of this paper reviews the measurement literature, while Part II presents a set of tools that are being developed in response to a demand for a uniform methodology.

11. Labonte, Ronald and Laverack G. Capacity building in health promotion, Part 2: whose use? And with what measurement? Critical Public Health. 2001; Vol. 11(No. 2):pages 129-138.
Notes: Nine domains of capacity include: Community participation, local leadership, empowering organisational structures, problem assessment capacities, ability to 'ask why', resource mobilisation, links to others, equitable relationships, outside agents, community control over program. A 'web' model is used to visually depict and measure these domains.
Abstract: Capacity building has been a topic in health promotion literature for several years. In our previous article, we discussed community capacity building as both means and end in health promotion work, and reviewed seven theoretical and empirical models of community capacity which provide a total of nine separate capacity domains. In this article we discuss the parallel tracking of community capacity building in health-promotion program planning, implementation and evaluation, and describe workshop methodologies for incorporating capacity assessments within health-promotion program planning. We conclude with a discussion of measurement options for community capacity building.

12. Narayan, D. and Cassidy, M. F. A Dimensional Approach to Measuring Social Capital: Development and Validation of a Social Capital Inventory. Current Sociology. 2001 Mar; Vol 49(Issue 2):pages 59-102.
Notes: Social Capital is described as social control or norm observance, family supports and benefits mediated through extra-familial networks and collective action at the community level. The authors give a quantitative measurement model to measure social capital.

Domains such as trust, sense of neighbourhood or community, togetherness, everyday sociability, volunteerism, pride and identity, communication, quality of government, honesty and corruption, competency, peace, crime and Safety, and political engagement are defined and measured.

13. Purdey, A. F.; Adhikari, G. B.; Robinson, S. A., and Cox, P. W. Participatory Health Development in Rural Nepal: Clarifying the Process of Community Empowerment. Health Education Quarterly. 1994 Fall; Vol. 21(Issue 3):pages 329-343.
Notes: The Nepal Health Development Project (HDP) believes that the priorities of the poor should provide the central focus for the development and that the rural people can recognise, analyse and utilise their own knowledge for empowerment. Empowerment, defined as "enabling people to increase control over, and to improve their health". Underpinning health promotion is the concept of empowerment. Empowerment also underpins the development of healthy communities, the attributes of which include attitudes and values, capacities, organisational structures, and leadership. The paper describes two mini-projects to illustrate the HDP's community-based participatory development method. The first example is a market garden cum reservoir project among householders who use the same water source for irrigation. The second example describes the introduction of smokeless (vented) stoves by women at the village level. The paper summarises the common empowerment outcomes resulting from each mini-project and presents a model of empowerment derived from the HDP's experience.
Abstract: Community-based participatory development empowers villagers to develop community cohesion and confidence, increase their ability to identify, analyse, and prioritize their own needs, and organize the resources to meet these needs. An important first step in the process involves establishing a cohesive and functional community group. The authors believe that this is best accomplished through villagers' critical examination of their experiences with development including their understanding of reasons for success or failure, and the gradual emergence of a model of working together that acknowledges and builds on participation and collective expertise. This approach to development is demonstrating encouraging results in a rural area of western Nepal in a university affiliated Canadian/Nepali Health Development Project. This paper describes two mini-projects to illustrate the evolution of group formation through reflection, analysis, and action, and identifies outcomes that could serve as indicators of community empowerment. The paper also presents a generic model of empowerment, and offers lessons learned by the project through the application of the empowerment process to sustainable health development.

14. Putnam, Robert. Social Capital: Measurement and Consequences. ISUMA: Canadian Journal of Policy Research. 2001 Spring; Vol. 2(No. 1):pages 41-51.
Notes: This article uses secondary data sources to trace a decline in social capital across the US over a few decades. Marketing data illustrating membership in many forms of informal networks, trust, organised altruism and philanthropy over time are used to demonstrate the decline of social capital and the feeling of connectedness and pride in the US. The focus is on the use of available data to measure social capital and the findings demonstrate some possible causes of increased or decreased social capital in some states.
Abstract: A number of indicators suggest that there has been a sharp decline in social capital in the United States since the mid-1960s. After rising for most of the first two thirds of the 19th century, formal membership and participation in civic organizations, levels of trust, and charitable giving have all seen sharp declines. There is a strong relationship, across American states, between measures of social capital and educational performance, health, tax evasion and self-assessed welfare. Although this pattern still needs far more detailed analysis, it is pronounced enough to justify further attention to social capital and its potential powerful implications for a range of public policy issues.

15. Robinson, S. A.; Cox, P.; Somlai, I. G.; Purdey, A., and Prasai, B. R. Process Evaluation: A Field Method for Tracking Those Elusive Development Results. Canadian Journal of Development Studies. 1997; XVIII(Special Issue):pages 805-834.
Notes: Capacity building projects emphasize matching participants' needs and competencies with human and financial resources: staff, equipment, supplies and time, and then transforming this collection of inputs into plans and activities which build human and organisational capacity. Capacity building is conceived by the authors as "the nurturing and building upon strengths, resources and problem solving abilities already present in individuals and communities. The article describes a process evaluation methodology developed as part of a CIDA-fundedproject in Nepal. This methodology enables project participants, staff and funders to understand and follow the "capacity building" process of project activities with individuals, communities, and government agencies involved in the project. Understanding the process of capacity building was seen as essential to identifying and tracking results.
The project and its objectives are briefly described. The spiral model of capacity building is explained. Key evaluation questions were enumerated. Indicators developed and major findings are described with a focus on key learnings, advantages and challenges.
Abstract: This paper presents process evaluation methodology (PEM), a field-based participatory evaluation methodology, and its application in the Nepal Health Development Project (NHDP) funded by CIDA.

The authors assert that Process Evaluation is an effective evaluation tool for use within a results-based management (RBM) framework. In particular, it is applicable to development programs that intend to enhance the capacity of individuals, organisations, and systems.

16. Schnoes, C. J. et al. Empowerment Evaluation Applied: Experiences, Analysis, and Recommendations from a Case Study. American Journal of Evaluation. 2000 Winter; Vol. 21(Issue 1):p53, 12p.

Notes: The paper uses a case study to explore the discussions of empowerment evaluation methods. The stress is on finding evaluation techniques that best fit the particular context within which one is working and that allows one to most effectively answer relevant evaluation questions. Empowerment evaluation is summarised and some discussion demonstrates its common and disparate elements with respect to other evaluation methods. A case study is then described in some detail. In 1996-1997, the University of Nebraska's Center on Children, Families and the Law (CCFL) had the opportunity to contract with the state of Nebraska to provide evaluation services for three Comprehensive Community Initiatives (CCIs) funded by Family Preservation and Support grants. One CCI was composed of three counties and their respective coalitions in the western Nebraska panhandle. This CCI organised around a shared leadership approach with a focus on educating children and families and gathering for celebration and support. The second CCI was comprised of a two-census tract of an urban community in eastern Nebraska. This CCI approached the empowerment of children and families by strengthening resources at the local level and by building on existing neighbourhood strengths. The third CCI encompassed a single county and its seven communities in north-central Nebraska. The orientation for this CCI focussed on enhancing parenting skills primarily through parent training instruction and resource material.

The article then discusses in some detail the complexities of implementation- including the three steps used for evaluation in a participative manner. These were:

- To initiate contact with each of the CCIs and begin to develop an identity as allies and team players.
- Planning- visioning and planning for future goals.
- Training in evaluation techniques and methods, and to collect and analyse data.

Learnings from the entire process have been recorded and discussed. The authors clarify their assumptions in conducting the project, as well as their outcomes- both positive and negative. A major negative outcome stated is that the sense of partnership and joint decision-making that they had hoped to build was only minimally present throughout the project.

Finally they have a "discussion" on the way that empowerment evaluation may be more effectively conducted. They end with recommendations for an empowerment evaluation methodology.

Abstract: Examines the application of empowerment evaluation approach in the context of comprehensive communities initiatives.

Discussion on the role of evaluators and comparison to other approaches; Requirement of creativity for the project; Factors contributing to the effectiveness of the approach; Suggestion of stakeholder and evaluator involvement.

The empowerment evaluation approach is applied and examined within the context of a case study involving three comprehensive communities' initiatives. Although considerable literature has been published concerning the efficacy and legitimacy of the empowerment evaluation approach, little documentation exists regarding the empirical application of this approach. In this article we discuss, from both theoretical and empirical perspectives, issues related to the evaluator's role, differences relative to other inclusive evaluation approaches, stakeholder involvement, evaluation context variables, and the concept and practice of empowering program participants via an evaluation approach. Data were gathered to assess how the approach was viewed through the eyes of both the evaluation consumers and the evaluators. Recommendations are discussed regarding the types of circumstances that might most facilitate and support the empowerment evaluation approach.

17. Smith, N.; Sutherland, L.; Baugh Littlejohns, L., and Hawe, P. Assumptions and revelations about the shared utility of formalised community-level indicators in a healthy community initiative (Unpublished work). 2002.

Notes: A realistic representation of the use of success indicators. The paper begins with comments on the increasing use of success indicators in the Canadian health system. The authors comment on the fact that since much health promotion takes place through working directly with community members, community-level indicators developed within the context of the healthy communities movement seem like a logical way to address these important issues.

The authors first describe a research project carried out in the context of a Healthy Communities Initiative (HCI) and the roe that community-level indicators were expected to play. Second, they articulate the research methods employed. Following this, they report on research findings that reveal assumptions and inspire revelations about the shared utility of formalised community-level indicators.

Some of the main findings include skepticism about evaluation by the community; problems with community stewardship; and the identification of informal measures of success.

Another main finding was the difference in perception between the researchers and the communities in the role and importance of evaluation and developing indicators of success. The interview data, the authors present, confirms one of the known inherent tensions in developing and using indicators, that they are inevitably a simplication of an abstraction from a complex and multi-dimensional reality. They can never be more than a partial reflection of the true circumstances.

Conclusions and implications for practice include shifting the focus of such research and development to actual capacity building within the community in a way such that its measurement and achievement become a valued part of the overall work. The value of community dialogue with the processes established. The value of community-level indicators, at least for some, is less for the content than it is for the creation of a forum to talk through issues.

For further information on this article, readers may contact Neale Smith at nbsmith@dthr.ab.ca

Abstract: This paper reports on a research project into the development of community-level indicators of success. This was part of a process involving community visioning and the creation of action plans that would further the vision by addressing key health priorities and/or community capacity building activities. The research was conducted over two years (2000-2002) with participants in a Healthy Communities Initiative sponsored by a central Alberta Health Region.

Thirty semi-structured interviews were conducted and analyzed in two phases. Three themes identified in the analysis are reported here: skepticism about evaluation, problems with community ownership; and the identification of informal measures of success. The interviews revealed certain limitations in the way that the process of developing community-level indicators was implemented in this context that weakened its chances of achieving the sponsors' aims. In addition, respondents comments confirm that some of the literature about the challenges involved in finding a form of evidence that suits both community and agency ways of knowing.

18. Spiegel, J. M.; Bonet, M.; Yassi, A.; Molina, E.; Concepcion, M., and Mas, P. Developing Ecosystem Health Indicators in Centro Habana: A Community-based Approach. Ecosystem Health. 2001 Mar; Vol. 7(No. 1):pages 15-26.

Notes: The article focuses on indicators of 'health' in Cuba. The issue of capacity and its measurement is referred to consistently, but not specifically dealt with. The challenges of developing indicators and then methods for developing indicators are described. The Cayo Hueso Project is described to demonstrate these methods. The list of indicators developed as a result of a workshop are enumerated and described.

Abstract: A set of interventions was undertaken between 1995 and 1999 to improve the quality of life and human health in Cayo Hueso, an inner city community in Central Havana. The municipality and community organisations contacted the agency responsible for public and environmental health in Cuba (INHEM) to evaluate whether these improvements were as effective and efficient as possible, so as to assist in planning further interventions in this and other communities. With the aid of international researchers, an effort was made to strengthen the community's capacity to apply an ecosystem health approach, adapting the analytical framework (DPSEEA: driving force-pressure-state-exposure-effects-action) developed for this purpose by the World Health Organisation.

A series of workshops and focus groups with community representatives and researchers was conducted in late 1999 and early 2000 to develop appropriate indicators for the analysis. Interventions were grouped into those relating to improved housing, the physical community infrastructure (e.g. water, sewage, street lights), and the socio-cultural environment (e.g. programs for youths and seniors). The DPSEEA framework was embraced by the community and used to define indicators at the individual, household, and neighbourhood levels; the community-researcher team then collectively elaborated the methodology to obtain the needed information. Data collection is now underway with the process having triggered a series of new partnerships, including other communities (comparison groups) now eager to learn from the Cayo Hueso interventions. With the capacity to apply this approach strengthened, the community is preparing to use the results of the analyses to set new priorities and pursue longer-term ecosystem health interventions.

19. The Aspen Institute- Rural Economic Policy Program. Measuring Community Capacity Building [Web Page]. 1996; Accessed 2002 Jul 12. Available at: http://www.aspeninstitute.org/csg/pdfs/ccb.pdf.
Notes: The tool book for measuring community capacity is divided into the initial section on what is community capacity, why we should care about community capacity, how we know community capacity when we see it, and how this workbook can help us measure community capacity. The second section details the various domains of community capacity identified by the authors. These include: citizen participation, leadership, individual skills, shared understanding and vision, strategic community agenda, consistent, tangible progress towards goals, community organisations and institutions, better use of resources by the community. For each of these domains, there is a list of indicators, sub-indicators, summary and measures.

20. Thompson, D.; Baugh Littlejohns, L., and Smith, N. Caught in the Web: Piloting a Methodology to Assess Community Capacity in a Rural Heart Health Project. Canadian Journal of Program Evaluation. 2000; Vol. 15(No. 2):pages 35-55.
Notes: The article begins with a demonstration of the literature supporting a capacity-building approach to health promotion. The authors then go on to describe the Heart of the Land project- a community-based project that targeted adults in the David Thompson Region of central Alberta, Canada. The main goals of the project were: (a) to foster the improvement of heart health by improving knowledge and awareness of heart disease risk factors and by improving heart health lifestyle skills and behaviours; (b) to entrench heart health in the public agenda by building structures, systems, and linkages to sustain heart health; and (c) to improve social and physical environments in support of heart health through increasing capacity, resources, research and expertise for heart health focus.
The first three years of the DTHR project are best characterised as following a traditional community-based programming approach to heart health.

Inherent in this approach is the concept that community members are mobilised and motivated to act as change agents to address problems and achieve health outcomes defined by health professionals.
Lessons learnt in the project along with evidence from literature led the authors to believe that the focus on changing individual heart health behaviours - the original perspective of the project- was not conducive to community ownership and sustainability of heart health. Thus in the fourth year, staff added a community capacity-building approach to continued education and promotion strategies. The most significant change was the inclusion of community facilitator(s) to replace the project coordinator role.
The authors describe the methodology for their research and enumerate their research findings. They rank the focus group findings in the form of community capacity webs. The domains of capacity included in the web are: critical learning, vision, experience of community, resources, knowledge and skills, participation in activities, participation in decision-making, and leadership. Each of these domains is then defined and explained in the context of the study groups.
Final conclusions suggest that further study is needed from a theoretical base to establish credibility and to refine the process. They believe that these tools may have several practical applications in health promotion for (a) preparing funding proposals for projects where the identification of a community's ability to take action is requested, (b) determining a community's assets and challenges to plan and implement strategies as desired; and (c) evaluating the extent to which strategies are building community capacity.
Abstract: As health promotion practitioners, we have been encouraged to implement strategies to embrace a community-building approach for strengthening community health. In this article, we present our experience in piloting a methodology to assess the extent to which community capacity was built in a rural heart health project. We defined community capacity as the degree to which a community (and its agency partners) can develop, implement, and sustain actions for strengthening community health. An assessment protocol that included a series of guiding questions and a ranking procedure to assess seven domains of community capacity was designed for focus group application. Following from this, community capacity webs, which visually depict the extent of capacity built through the heart project, were produced for each community. The methodology requires further refinement; however, through this process we were able to further our understanding of the effectiveness of this project in building community capacity.

21. Varghese, J. and Parkins, J. Who's driving the development of community sustainability indicators? Lessons from three journeys (Unpublished work). 2002.
Keywords: Criteria and Indicators, Social Indicators, and Forest Community Sustainability

Notes: The article focuses on three forestry-based case studies highlighting the differences in approaches and community participation and collaboration. The differences in results are highlighted in order to demonstrate the strengths and weakness of each type of project. The combined community and expert driven project is recommended as the most effective option for resource use and sustainability.
For further information, readers may contact Jeji Varghese at jvarghes@ualberta.ca
Abstract: Forest-based communities can be exemplified in terms of remote subsistence dependence, park-based tourism dependence, or traditional logging dependence. In monitoring the sustainability of these places, researchers have struggled to develop relevant indicators responsive to their unique social, economic and environmental conditions. This study discusses the strengths and weaknesses of a number of methods used to identify appropriate indicators of sustainability within the Foothills Model Forest (FMF) in Alberta, the Prince Albert Model Forest (PAMF) in Saskatchewan and the Robson Valley Forest District (RVFD) in British Columbia. Indicators for the FMF focused on a suite of expert-defined indicators drawing on Statistics Canada census data. To address the uniqueness of three diverse communities in the PAMF, we employed a quality of life research framework for identifying appropriate social indicators and then we subjected these indicators to an evaluation framework. This framework provided criteria for ranking indicators according to their general effectiveness and their relevance to important dimensions of sustainability. This approach generated a number of unique indicators for each community. The RVFD project has elements of both approaches. Hence, the Alberta approach was expert driven, the Saskatchewan method was community driven and the British Columbia approach combined expert and community input. Lessons gleaned from these three process will be discussed.

22. Veazie, Mark A.; Teufel-Shone, N. I.; Silverman, G. S.; Connolly, A. M.; Warne, S.; King, B. F.; Lebowitz, M. D., and Joel S. Meister. Building Community Capacity in Public Health: The Role of Action-Oriented Partnerships. Journal of Public Health Management Practice. 2001 Mar; Vol. 7(Issue 2):Pages 21-32.
Keywords: coalitions, community evaluation, partnership evaluation, partnerships, public health systems
Notes: The authors speak of an increasing shift from a primary concern with agency-based delivery of services to a more holistic and community-based paradigm. They define capacity as the collective ability of the community's public, private, and voluntary organisations to identify and address health issues specifically, primarily through the 10 Essential Services of public health.
The authors discuss some challenges to capacity building and related monitoring.

The article discusses a participatory research project conducted by the Southwest Center for Community Health Promotion (SWC), the University of Arizona PRC to engage multi-ethnic communities along the US-Mexico border. The article focuses on the methods used for the research. Focus groups discussion and emerging feedback and actions of these are discussed in some detail. The categories, issues, and perspectives identified by focus groups have been tabulated. Finally a research agenda for the future has been charted with some reference of the shortfalls of the methods used by the researchers and possible ways to overcome the challenges they faced. The researchers speak of changes and future steps that they are undertaking to better the process of participatory research and development.
Abstract: Public health practice increasingly is concerned with the capacity and performance of communities to identify, implement, strengthen, and sustain collective efforts to improve health. The authors developed ways to assist local Turning Point partnerships to improve their community public health system as a secondary outcome of their work on the expressed needs of the community. Using focus groups, meeting minutes, attendance records, and meeting observation, the authors fed information back to the partnerships on systems change. A public health systems improvement plan supportive of local partnerships' work on specific health issues was funded and the collaborative research agenda was further refined.

23. Wickizer, T. M. et al. Activating Communities for Health Promotion: A Process Evaluation Method. American Journal of Public Health. 1993 Apr; Vol. 83(No. 4):pages 561-567.

Abstract: Objectives: To date, evaluations of community-based prevention programs have focused on assessing outcomes, not the process of organizing communities for health promotion. An approach was developed to analyze community organization efforts aimed at advancing community health objectives. These organizational processes are referred to as community activation.
Methods: Information was gathered from 762 informants through a key-informant survey conducted in 28 western communities. The data collected included informant ratings of community activation and information about interorganizational activities analyzed through network analytic techniques.
Results: Activation levels, as measured by informant ratings, varied across communities. Program coordination, as measured by network analysis, occurred, on average, approximately 30% of the time. Higher income communities tended to be more activated than lower income communities.
Conclusions: There is a widely recognized need for improved information about health-related community organization activities. It appears possible to gather such information through key informant surveys and to develop measures of community organization status that can be used in the evaluation of community health promotion programs.

Appendix II – Articles included in the preliminary screening

1. Thinking about Community Capacity Building and Asset Mapping. Alberta, Canada: Magis Publishing; 1997.

   Keywords: MAJOR_DESCRIPTORS: Citizen Participation; Community Action; Community Cooperation; Community Development; Sustainable Development / MINOR DESCRIPTORS: Adult Education; Community Planning; Community Resources; Cooperative Planning; Empowerment; Foreign Countries; Needs Assessment

   Abstract: This book describes the mindshift that is the key to successful community capacity building and to the development of social and economic structures that nurture local sustainability. Its focus is how the development of community, through community capacity building, connects, animates, and informs citizens. Chapter I introduces community building and describes development of a model or path for community capacity building and asset mapping. Chapter II focuses on making the mindshift, nurturing new thinking, and challenging services and systems through talking.

   Chapter III addresses breaking out of the boxes into which systems/institutions have categorized individuals, which perpetuates the dependent and fragmented way of life through which health, social, and education systems have developed in Canada. It talks about building from assets. Chapter IV lists the values and assumptions upon which community capacity building is based. Chapter V asks readers to consider their readiness to move thinking into action. Chapter VI contains 71 references and names and addresses of 7 other contacts and training sources. The appendices provide the following: "Building on Capacities Philosophy," "Community Capacity Building and Asset Mapping: Model Summary," steps to capacity success, a glossary, and community building and gift sharing stories and challenges. (YLB)

2. Allen, W. et al. Monitoring and adaptive management: resolving social and organizational issues to improve information sharing in natural resource management. Natural Resource Forum. 2001; Vol. 25:pages 225-233.

   Abstract: Adaptive, or 'learning by doing', approaches are often advocated as a means of providing increased understanding within natural resource management. However, a number of organizational and social issues need to be resolved if these approaches are to be used successfully. A case study in the South Island high country of New Zealand is used to review what is needed to support an ongoing community-based monitoring and adaptive management programme. First, the case study is described, paying attention to the social context of the resource management problem. The results of a workshop that explored this problem are then outlined, along with a proposed information flow suggested by participants. Requirements for future steps to resolve these problems (such as information protocols and a multi-stakeholder information system) are discussed.

Finally, some broad lessons are drawn from this exercise that could help others developing similar approaches

3. Armstrong, H. W. Kehrer B. Wells P. Wood A. M. The Evaluation of Community Economic Development Initiatives. Urban Studies. 2002; Vol 39(No. 3):457-481.
   Abstract: Community economic development (CED) initiatives expanded rapidly in urban and regional policy in the 1990s. Traditional evaluation methodology has, however, proved to be extremely difficult to apply effectively to CED. This paper examines existing monitoring and evaluation procedures for CED, the problems faced in applying traditional methodology and possible ways forward to ensure that more effective monitoring and evaluation can be undertaken. Evidence is drawn from four detailed case studies of urban CED projects funded as part of the 1994-96 Yorkshire and the Humber Objective 2 Structural Funds programme. These case studies were deliberately designed to experiment with alternative quantitative and qualitative evaluation methods.

4. Austin, C.; Flux, D. Ghali L.; Hartley, D.; Holinda, D.; McClelland, R.; Sieppert, J., and Wild, T. (University of Calgary, Faculty of Social Work; City of Calgary, Seniors' Division; University of Calgary, Faculty of Medicine, Community Health Sciences Elder Friendly Communities: CRHA). A PLACE TO CALL HOME Final Report of the Elder Friendly Communities Project; 2001 Jun.

5. Baker, E. Dr. (Sinclair Knight Merz). Preparing for Evaluation: Lessons from capacity building for natural resource management. 2002 Australiasian Evaluation Society International Conference; Wollongong, Australia.
   Keywords: Natural resource management, evaluation, project management, sustainability outcomes
   Abstract: Investment in natural resource management includes projects, increasingly, on building capacity for management within the affected communities. Capacity-based projects may necessarily be open-ended or operating within objectives that are designed to be responsive to changes in the communities across the life of the project.
   Being open and responsive brings with it challenges for the management of the project. It also means that the outcomes from the project may be undefined, intangible, or long-term. These are issues commonly associated with strategic natural resource management projects that deal with poorly understood systems and/or multiple interventions in socio-ecological systems and processes. The issue for project managers and funding agencies is the rigor of claims made about particular outcomes.
   This paper examines the issues for the evaluation of such projects and what lessons can be learnt from the few major natural resource management projects or program evaluations that have been conducted.

6. Baker, E. & Teaser-Polk C. Measuring Community Capacity: Where do we go from here? Health Education and Behavior. 1998; Vol 25(Issue 3):pages 279-283.

7. Billings, Jennifer Ruth. Community Development: A critical review of approaches to evaluation. Journal of Advanced Nursing. 2000; Vol. 31(Issue 2):pages 472-480.
Keywords: community development, evaluation, community, empowerment
Abstract: With the growing interest in community based initiatives, this discussion paper focuses upon the evaluation of community development. It reviews three areas and highlights the complex and contentious nature of evaluation in this field. Commencing with approaches to evaluation, it critically reviews proposed methods and suggests that, rather than provide clarity and guidance, the competing designs are confusing for the potential researcher. Second, the discussion moves to evaluate terms that are applied to community development, suggesting that there is a mismatch between professional and lay interpretations with an ultimate impact on the validity of their measurement. It uses the terms community and empowerment to make these differences more explicit. Finally, the paper argues that, although the aim of community based initiatives is to bring about community health gain, gauging the pervasiveness of discrete project work is testing. It concludes by suggesting that a move away from an evaluative model based upon empowerment towards one which considers health and social capital may be a way forward.

8. Blum, D. E. Report Gives Companies Tips to Evaluate Projects. Chronicle of Philanthropy. 2002 Apr 4; Vol. 14(Issue 12):p11, 1-4p.
Abstract: Discusses the report 'Corporate Community Development: Meeting the Measurement Challenge,' published by non-profit research group Conference Board. Benefits provided by the report to companies that support community-development projects in the U.S.; Method for calculating the true cost for companies; List of companies subjected to a case study.

9. Bopp, M. and Bopp, J. Welcome to de Swamp: Why Measuring Community Capacity is Fundamental to Transformational Work. (Unpublished work). 2002 Oct.

10. Bopp, M; GermAnn, K; Bopp, J.; Baugh Littlejohns, L., and Smith, N. (Four Worlds Centre for Development Learning, and DTHR). Assessing Community Capacity for Change. 2000 Mar.

11. Bowen, G.; Martin, J.; Mancini, J., and & Nelson, J. Community Capacity: Antecedents and consequences. Journal of Community Practice. 2000; Vol. 8(No. 2):Pages 1-21.

12. Brown, Prudence; Butler, Benjamin, and Hamilton, Ralph. The Sandtown-Winchester Neighbourhood Transformation Initiative: Lessons Learned about Community Building and Implementation; 2001Annie E Casey Foundation, 701 St. Paul St., Baltimore, MD 21202.
    Keywords: MAJOR_DESCRIPTORS: Community Change; Community Development; Neighborhood Improvement; Poverty; Urban Renewal / MINOR DESCRIPTORS: Blacks; Elementary Education; Program Development; Program Evaluation; School Effectiveness; Urban Areas
    Abstract: This report documents results of Baltimore's Sandtown-Winchester Neighborhood Transformation (NT) Initiative, focusing on key decisions that helped shape the initiative. NT was one of the first attempts to systematically bring together diverse strands of thinking about comprehensive community change to overcome conditions that undermine impoverished communities. NT's partners (the mayor, the residents, and the Enterprise Foundation) focused the vision for change on eight key areas: physical development, economic development, health, education, family support, substance abuse, crime and safety, and community pride and spirit. Data for this report come from interviews, focus groups, review of relevant documents, and on-site observations. The lessons learned from the NT experience include: build on deep understanding of the neighborhood; invest in community capacity early; generate belief in ownership of the change; specify the rules of engagement; consider partnership with the public sector; embed community building in every activity; balance funding against pace and priorities; build residents' economic self-sufficiency; and use neighborhood-focused intermediaries to change systems. Abiding challenges include: altering the balance of power; acknowledging issues of race and class; showing respect; honoring residents' competence as leaders; and harnessing the community's spiritual strength.

13. Browne, G. et al. Economic evaluations of community-based care: lessons from twelve studies in Ontario. Journal of Evaluation in Clinical Practice. 1999; Vol. 4(Issue 5):367-385.
    Keywords: community care, economic evaluation

14. Buckland, Jerry and Rahman M. Community-based Disaster Management during the 1997 Red River Flood in Canada. Disasters. 1999; Vol. 23(No. 2):pages 174-191.
    Keywords: Canada, flooding, disaster preparedness, community response.
    Abstract: This paper examines the relationship between community preparedness and response to natural disaster and their level and pattern of community development. This is done by investigating preparation and response to the 1997 Red River Flood by three rural communities in Manitoba, Canada. The communities were selected because of their different ethnic mix and associated level and pattern of community development. The hypothesis was supported that the level and pattern of community development affect community capacity to respond to flooding.

Communities characterized by higher levels of physical, human and social capital were better prepared and more effective responders to the flood. However, where the pattern of community development was characterized by high levels of social capital, decision-making processes were complicated.

15. Bush, Robert Dower J. & Mutch A. (Centre for Primary Health Care, The University of Queensland). Community Capacity Index Manual: Version 2. Queensland, Australia: The University of Queensland; 2002.

16. Carter, Carolyn S. (ERIC Clearinghouse on Rural Education and Small Schools, Charleston, WV.). Education and Development in Poor Rural Communities: An Interdisciplinary Research Agenda. Charleston, WV: ERIC/CRESS; 1999; EDO-RC-99-9 . ERIC/CRESS, P.O. Box 1348, Charleston, WV 25325-1348.
Abstract: More than 30 years after the Great Society initiatives, poverty continues to put large numbers of students at risk of school failure. The challenges to education and life success are most severe for children in the nation's poorest rural counties, the 535 rural persistent poverty (RPP) counties. This digest provides background on RPP counties and outlines some critical areas and types of multidisciplinary research needed to develop tools, programs, and community capacity to improve the quality of life, including education, in poor rural communities. Histories of inequality and outside control of resources have left many RPP communities with deep social stratification, low-performing schools, and low expectations for students from poor families. Reform efforts in RPP communities must take into account the economic, political, and social marginalization that continues to structure educational practice and community life. Building community capacity for change requires developing stronger human and social capital. In October 1999, an interdisciplinary group of researchers, policy makers, and experts in education and community engagement developed research agendas to help revitalize RPP communities. Their recommendations are outlined in three categories: capacity building (the role of interrelationships between school and community, local leadership capacities, and the impact of new technologies); policy research (rural disadvantages, policy bias, and policy impacts); and interdisciplinary focus across institutions and constituencies. (Contains 16 references.) (SV)

17. Chaskin, R. J.; Brown, Prudence; Venkatesh, Sudhir, and Vidal, Avis. Building Community Capacity. New York: Aldine De Gruyter; 2001.
Keywords: Community organization, Community power
Abstract: The book deals with promoting urban social change. It addresses the heart of the challenge faced by those working to strengthen and improve poor communities: how to repair and reconstruct a community's collective ability to address shared problems and capitalize on opportunities to improve community life.

The book speaks to a lacuna in current social work practice theory: community change. Much work in this area of macropractice, particularly around "grassroots" community organizing, has a somewhat dated feel to it, is highly ideological in orientation, or- in the case of many "generalist" treatments of the topic- suffers from superficiality, particularly in the area of theory and practical application. Set against a context of an often narrowly constructed "clinical" emphasis in practice education, coupled with social work's own current rendering of "scientific management", "community practice" often takes second or third billing in many professional curricula despite its deep roots in the overall field of social welfare.

18. Chaskin, Robert J. Building Community Capacity: A Definitional Framework and Case Studies from a Comprehensive Community Initiative. Urban Affairs Review. 2001 Jan; Vol. 36(No. 3):pages 291-323.
Abstract: The notion of community capacity building is both explicit and pervasive in the rhetoric, missions and activities of a broad range of contemporary community development efforts. However, there is limited clarity about the meaning of capacity and capacity building at the neighborhood level. The author suggests a definitional framework for understanding and promoting community capacity, explores the attempt to operationalize a capacity building agenda through the examination of two contrasting case studies within a multisite comprehensive community initiative (CCI), and suggests some possible next steps toward building community capacity through social change efforts such as CCIs.

19. Cheadle, A.; Wagner, E.; Anderman, C.; Walls, M.; McBride, C.; Bell, M. A.; Catalano, R. F., and Pettigrew, E. Measuring Community Mobilization in the Seattle Minority Youth Health Project. Evaluation Review . 1998 Dec; Vol. 22(Issue 6):p699, 18p.
Abstract: Assesses the validity and reliability of the approach used to measure community mobilization in the Seattle Minority Youth Health Project, a neighborhood-based program to prevent drug use, violence, teen pregnancy and sexually transmitted diseases. Measurement of neighborhood cooperation in solving problems; Measurement of sense of pride and identification with the neighborhood.

20. Collins, Timothy (AEL, Inc., Charleston, WV). Crucial Policy Links: Rural School Reform, Community Development, and Citizen Empowerment. Annual Meeting of the Rural Sociological Society; Chicago, Il. 1999.
Keywords: MAJOR_DESCRIPTORS: Community Development; Economic Change; Educational Change; Policy Formation; Rural Schools; School Community Relationship/ MINOR DESCRIPTORS: Citizen Participation; Community Cooperation; Democratic Values; Elementary Secondary Education; Rural Areas; Rural Development
Abstract: This paper lays out a rationale for building local rural development policies that focus on potential strengths of school-community relationships, while empowering local citizens.

Rural communities and their schools are caught up in trends that complicate policy at all levels. These trends include changes related to national and global economic restructuring, devolution of government, and systemic education reform based on higher standards and accountability. The rural school-community relationship is crucial to community sustainability. In rural communities buffeted by changes that have depleted capital, tax bases, institutional resources, and population, schools may be one of the few remaining vital institutional forces. Despite the perils and problems, the confluence of economic restructuring, government devolution, and systemic school reform offers schools and communities an opportunity to form new relationships based on their mutual dependency, the promise of improved quality of life, democratic ideals and practices, and the urgency of community survival. Rural school officials and community leaders must cooperate in formulating holistic community-development policies that address local needs, include diverse citizen participation, and build community capacity to enhance democratic processes. School governance is already changing, as efforts to increase accountability demand meaningful community engagement. In their role as a local institution, schools must also become community centers that engage the whole community in their operating decisions, services, and programs. Conversely, rural communities must use schools as democratizing institutions that train adaptable citizens and workers to sustain community life in an uncertain future. (Contains 41 references.) (SV)

21. Conner, R.; Easterling, D.; Park Tanjasiri, S., and & Adams -Berger, J. Using Community indicators to track and to improve health and quality of life. 2002.

22. Curry, N. Community Participation and Rural Policy: Representativeness in the Development of Millenium Greens. Journal of Environmental Planning and Management. 2001; Vol. 44(Issue 4):pages 561-576.
Abstract: An increasing interest in community participation (CP) in many areas of policy as grown as governments move from an executive to an enabling role. The development of CP in rural policy in the UK is charted and can be seen now as a requirement rather than an opportunity in policy implementation. A number of the potential advantages and shortcomings of CP in practice are considered and notions of representativeness and public accountability are singled out for empirical consideration in the context of millennium greens. Community applicants for such greens are found to range in their representativeness from those who have the community interest at their core to those who wish to pursue singular strategies, for example in opposing development. Some form of state sanction and full information are required to ensure that CP programs serve the community interest.

23. Dalal-Clayton, B and Bass, S. Sustainable Development Strategies: A Resource Book [Web Page]. 2002; Accessed 2002 Nov 20. Available at: http://www.nssd.net/index1.html.

24. Dallas, D.; Ngarimu, K., and Roberts, D. (Ministry of Social Development
Wellington
New Zealand). Working in Partnership: Evaluation and the Whanau development project. Australasian Evaluation Society International Conference; Wollongong, Australia.
Abstract: The Whanau Development Project (WDP) is a three-year initiative of the New Zealand Government that gives effect to its "Reducing Inequalities" and "Capacity Building" policies for Maori. The WDP, and its participatory-focused evaluation, put into effect a Ministry of Social Development (MSD) partnership approach to engaging Maori communities and improving social service delivery generally.
Twelve initiatives in six regions have been set up through local Maori decision-making and based on local aspirations and priorities for whanau. They range from whanau-based organic food gardens to skill development, youth support and mentoring programs.
Each community has identified WDP goals based on their particular focus for whanau development. In parallel, the government has two high level goals for the WDP. MSD has contracted out the evaluation but is working collaboratively with the evaluators. PHP Consulting Ltd. The control of the evaluation is being shared, satisfying the two key stakeholder interests (individual communities and government) in providing information about progress towards both set of goals.
Prior to local level evaluation plans being agreed, two-day training sessions were provided within the six regions to introduce evaluation concepts, to clarify government and community expectations about evaluation of the WDP, and to build capacity and encourage participation in evaluation at the local level. This presentation will look at how evaluation can support community and stakeholder participation in decision-making.

25. Dedrick, Angie and Mitchell, Graham. Community Capacity and Resource Mapping: Model Development. Alberta, Canada; 1994.
Keywords: MAJOR_DESCRIPTORS: Community Coordination; Community Health Services; Community Resources; Data Collection; Information Utilization; / MINOR DESCRIPTORS: Adult Education; Community Action; Community Development; Community Planning; Community Surveys; Cooperative Planning; Foreign Countries; Health Promotion; Models; Pilot Projects; Program Implementation; Public Health; Questionnaires; Well Being;

Abstract: This document explains the use of a model for mapping community capacity and resources that was developed by the community development office of a health group in Edmonton, Alberta, and applied in a collaborative pilot project in preparation for development of a community health plan. A brief discussion of the factors leading to development of the model and the community development office's goals when it developed the model is presented. In the next section, the following key elements of the community capacity and resource model are discussed along with the rationale behind them: initiation of capacity assessment (establish key contacts with the community, develop community partnerships, initiate networking, gather key print resources); survey design (design separate surveys for individuals, businesses, and associations); survey databases (develop databases for each survey); survey process (make the information sharing as mutual as possible); putting it all together; and communicating results inside and outside the community. A list of eight resources concludes the document. Appendixes constituting approximately 75% of the document contain the following: individual, business, and association surveys; Glenwood pilot report and participant follow-up; and Glenwood asset map of community supports for health and well-being. (MN)

26. Easterling, D.; Gallagher; K. Drisko, J., and & Johnson, T. Building healthy by promoting community capacity: Summary. The Colorado Trust, Denver; 1998.

27. Elliot, J.; Prior, M.; Merrigan, C., and Ballinger, K. Evaluation of a Community Intervention Programme for Preschool Behavior Problems. Journal of Paediatrics & Child Health. 2002 Feb; Vol. 38(Issue No. 1):p41, 10p. Abstract: Evaluates community intervention program for preschoolers behavioural pattern; Increase efforts on the recruitment of families with at-risk children.

28. Everhart, Kevin and Wandersman A. Applying Comprehensive Quality Programming and Empowerment Evaluation to Reduce Implementation Barriers. JOURNAL OF EDUCATIONAL AND PSYCHOLOGICAL CONSULTATION. 2000; Vol. 11(Issue 2):pages 177-191. Abstract: Empowerment Evaluation (EE) and Comprehensive Quality Programming (CQP) are presented as tools for reducing the barriers of insufficient ownership and insufficient capacity. EE and CQPemphasize the mutual influences of research-directed and community-directed approaches to prevention, in contrast to approaches to implementation that rely more heavily on the unidirectional transfer of technology from researchers to communities. We illustrate the use of EE and CQP in their consultation with practitioners and community stakeholders as a means of introducing research methodology and prevention science in a manner that is consistent with local values and beliefs (thereby increasing community owner-ship), and facilitates the mobilization of school and community resources (thereby increasing capacity).

29. Falk, Ian Ed. Learning to Manage Change: Developing Regional Communities for a Local-Global Millennium. Leabrook, Australia: National Centre for Vocational Education Research; 2001.
Keywords: MAJOR_DESCRIPTORS: Community Development; Education Work Relationship; Rural Education; Rural Youth; Sustainable Development/ MINOR_DESCRIPTORS: Community Change; Foreign Countries; Indigenous Populations; Informal Education; Job Training; Lifelong Learning; Nonformal Education; Rural Areas; Rural Development; Social Capital
Abstract: This book illustrates the benefits of integrating different approaches to community and regional development for rural Australia. The key theme is community capacity building through lifelong learning, seen as integration of formal, nonformal, and informal education and training at all levels. Other foci include the local-global context, issues related to learning for change, best practice in community learning, and specific issues of rural Aboriginal communities. The 24 chapters: "Challenges Facing Rural Regional Australia in New Times" (Ian Falk); "Regional Economic Decay and Regeneration under Structural Change" (Jerry Courvisanos); "Life beyond Economics: Learning Systems and Social Capital" (Richard Bawden); "Sustainability for Regional Development: Integrating the Models" (Barbara Geno); "Community Psychology, Planning and Learning: An Applied Social Ecology Approach to Sustainable Development" (Douglas Perkins); "Education as Economic and Individual Development: Toward Education through Occupations" (W. Norton Grubb); "Youth and Unemployment: Educational Pathways or Tracks That Lead Nowhere" (John Williamson, Angie Marsh); "Using Communication and Information Technologies To Empower Women in Rural Communities" (Margaret Grace); "Working Smarter Not Harder: Regional Disability-Based Organisations" (Harvey Griggs); "Support Networks and Trust: How Social Capital Facilitates Learning Outcomes for Small Businesses" (Sue Kilpatrick, Rowena Bell); "Groups That Learn and How They Do It" (Elizabeth Kasl); "Spiritual Impact Statements: A Key to Sustainability" (Patrick Bradbery, G. Fletcher, R. Molloy); "International Models of Community Sustainability" (Allen B. Moore, Lilian Hill, Rusty Brooks); "A Group Action Learning Model for Sustainable Rural Community Development: Reflections on an Indonesian Case" (A. Muktasam, S. Chamala); "Enabling Communities through the Arts: Case Studies from the Community Cultural Development Fund of the Australia Council" (Onko Kingma); "Community Strategies: Addressing the Challenges for Young People Living in Rural Australia" (Johanna Wyn, Helen Stokes); "A Regional Approach to Youth Employment: The Role of Young People in Renewing Regional Communities" (James Mulraney, Peter Turner); "What Does the Business Sector Get out of Investment in Communities?" (Marc Bowles); "Learning, Change and Sustainability: Exploring the Learning Processes of Pastoralist Stakeholders in the Tropical Savannas" (Allan Arnott, Rebecca Benson); "Learning Partnerships in the Workplace" (Jo

Balatti); "Building Social Capital and Community Learning Networks in Community Internet Access Centres" (David Bruce); "Newspapers and Health Centres: Selected Short Stories of Community Development Case Studies" (Rosa MacManamey, Ian Falk, David Bruce, and Others); "Enabling Leadership: A New Community Leadership Model" (Ian Falk, Bill Mulford); and "Learning To Manage Change in Communities: A Way Forward" (Onko Kingma, Ian Falk). (Most papers contain references.) (SV)

30. Families and Neighbourhoods Initiative Community and University Partnerships. Partnerships: A Powerful Tool for Improving the Well-Being of Families and Neighbourhoods. Michigan, USA: W.K. Kellogg Foundation; 1998 May.
Abstract: The evaluation of the Community-University Partnerships initiative of the W.K. Kellogg Foundation was conducted by InSites, a Colorado-based non-profit 501(c)3 organization that conducts research and evaluation and provides technical assistance to educational and social institutions/agencies and policymakers engaged in major change within their social systems. The core members of the InSites team throughout the three years of the evaluation were Beverly A. Parsons (executive director of InSites and director of the evaluation), Zaretta Hammond-Hanson (evaluation associate), and Carol Bosserman (evaluation/administrative assistant). Others who served on the team at various times during the evaluation were Carolyn Lupe (evaluation associate), Joseph Martinez (evaluation specialist), Joy Fitzgerald (editor), and Janet Duvall (editor). This document is part of the evaluation work done under contract with the W.K. Kellogg Foundation (WKKF). The information and opinions provided herein are the sole responsibility of the authors and do not represent agreement or positions of WKKF or the project participants. Not for attribution or citation without permission from WKKF or InSites.

31. Fawcett, S. B.; Paine-Andrews, A.; Francisco, V. T.; Schultz, J.; Rishter, K. P.; Patton, J. B.; Fisher, J. L.; Lewis, R. K.; Lopez, C. M.; Russos, S.; Williams, E. L.; Harris, K. J., and Evensen, P. Our Evaluation Model: Evaluating Comprehensive Community Initiatives [Web Page]. Accessed 2002 Oct 27. Available at: http://ctb.lsi.ukans.edu/tools/EN/sub_section_main_1007.htm.

32. Ferrell, B. J. A. G. Community development and health project: a 5-year (1995-1999) experience in Mozambique, Africa. International Nursing Review. 2002 Mar; Vol 49(Issue 1):p27, 11p, 1c.
Abstract: Describes the community-based Development and Health Project in Mozambique, East Africa from 1995 to 1999. Back ground and vision of needs; Design of the project; Development of criteria for and selection of participants who were part of the grass-roots level interventions; Definition of the curriculum and content of training sessions; Evaluation of outcomes of the grass roots level interventions and the appropriateness of the training content.

33. Fetterman, D. Shakeh J. Kaftarian. Abraham Wandersman eds. Empowerment Evaluation: Knowledge and Tools for Self-Assessment and Accountability. USA: Sage Publications, Inc.; 1996.
Keywords: Human services, United States, Citizen participation, evaluation, community health services, citizen participation, evaluation research, present value analysis.
Abstract: Empowerment Evaluation is an innovative approach to evaluation. It has been adopted in higher education, government, inner-city public education, nonprofit corporations, and foundations throughout the United States and abroad.
Empowerment evaluation is the use of evaluation concepts, techniques, and findings to foster improvement and self-determination. It employs both qualitative and quantitative methodologies. Although it can be applied to individuals, Organisations (at both intra and extraorganisational levels), communities, and societies or cultures, the focus is on programs. It is attentive to empowering processes and outcomes.

34. Fetterman, David. Empowerment Evaluation: A response to Patton and Scriven. Evaluation Practice. 1997 Fall; Vol. 18(Issue 3):p253, 14p.
Abstract: Presents information on empowerment evaluation which is effective in environments where democratic participation is encouraged in relation to Patton and Scriven's theories. When this approach is needed; Information on a debate with prominent colleagues in the empowerment field; Identification of the purpose of this type evaluation.

35. Fetterman, David M. Empowerment Evaluation: Building Communities of Practice and a Culture of Learning. American Journal of Community Psychology. 2002 Feb; Vol. 30(No. 1):89-102.
Keywords: empowerment, evaluation, communities of practice.
Abstract: Empowerment Evaluation is the use of evaluation concepts, techniques, and findings to foster improvement and self-determination. Program participants-including clients- conduct their own evaluations: an outside evaluator often serves as a coach or additional facilitator depending on internal programme capabilities. Empowerment evaluation has three steps: 1) establishing a mission: 2) taking stock: and 3) planning for the future. These three steps build capacity. They also build a sense of community, often referred to as communities of practice. Empowerment evaluation also helps to create a culture of learning and evaluation within an organization or community.

36. Fitzpatrick, Jody. Dialogue with David Fetterman. American Journal of Evaluation. Spring-Summer2000; Vol. 21(Issue 2):p242, 18p.
Abstract: Interviews David Fetterman, founder of the empowerment evaluation approach. Major reason why he did not use the model for evaluation of the Stanford Teacher Education Program at Stanford University in California; Description of traditional educational evaluation;

Need for group cohesion and trust; Lack of connection between theory and practice.

37. Freudenberg, N. Health Promotion in the City: A Review of Current Practice and Future Prospects in the United States. Annual Review of Public Health . 2000; Vol. 21(Issue 1):473-503.
Abstract: To achieve its health goals, the United States must reduce the disproportionate burden of illness and poor health borne by urban populations. In the 20th century, patterns of immigration and migration, changes in the global economy, increases in income inequality, and more federal support for suburbanization have made it increasingly difficult for cities to protect the health of all residents. In the last 25 years, epidemics of human immunodeficiency virus infections and substance abuse and increases in homelessness, lack of health insurance, rates of violence, and concentrations of certain pollutants have also damaged the health of urban residents. Several common strategies for health promotion are described, and their relevance to the unique characteristics of urban populations is assessed. To identify ways to strengthen health promotion practices in U.S. cities, lessons have been taken from five related fields of endeavor: human rights, church- and faith-based social action, community economic development, youth development, and the new social movements. By integrating lessons from these areas into their practice, public health professionals can help to revitalize the historic mission of public health, contribute to creating healthier cities, and better achieve national health objectives.

38. Freudenberg, N.; Eng, E.; Flay, B.; Parcel, G.; Rogers, T., and & Wallerstein, N. Strengthening individual and community capacity to prevent disease and promote health: In search of relevant theories and principles. Health Education Quarterly. 1995; Vol. 22(No. 3):Pages 290-306.

39. Gahin, R and Paterson, C. Community Indicators: Past, Present and Future. National Civic Review. 2001 Winter; Vol. 90(Issue 4):p347, 15p.
Abstract: Focuses on the use of indicators in community well-being movements. History of social indicators movement; Details on environmental and sustainability indicators; Community indicators in the 1990s.

40. GermAnn, K.; Smith, N., and Baugh Littlejohns, L. A Healthy Communities Initiative in Rural Alberta: Building Rural Capacity for Health. Issues Affecting Rural Communities (II). Proceedings of the International Conference [on] Rural Communities and Identities in the Global Millennium; Nanaimo, British Columbia, Canada. 2000.
Keywords: MAJOR_DESCRIPTORS: Community Development; Participative Decision Making; Public Health; Rural Development; Youth Programs; / MINOR DESCRIPTORS: Case Studies; Community Action;

Community Cooperation; Community Health Services; Conservation (Environment); Foreign Countries; Older Adults; Program Descriptions; Abstract: Efforts of health professionals are shifting away from programs that "deliver health" toward those that build the capacity of communities to work together to create healthy places. The Healthy Communities Initiative (HCI) is a community development model in central Alberta (Canada) that involves the creation of a widely shared vision of a healthier community; assessment of community needs and capacities; selection of priority areas for action; creation and implementation of action plans; and evaluation and monitoring of actions through the development of community-level indicators. Case studies of HCI implementation in four rural communities show that four health-related issues emerged consistently: need for youth development, preservation of the natural environment, maintaining a strong sense of community in the face of changing social dynamics, and access to health services. Capacity-building issues included lack of shared vision, need for further leadership development among both adults and youth, communication difficulties, lack of knowledge about how to access resources, and lack of well-defined processes by which the communities could learn from experience. Lessons learned about integrating community capacity building and a healthy communities initiative are discussed. (TD)

41. Gibbon, M.; Labonte, R., and Laverack, G. Evaluating Community Capacity. Health and Social Care in the Community. 2002; Vol. 10(Issue 6):pages 485-491.
Abstract: The aim of the present study was to examine the convergence of two approaches used to assess community capacity in health promotion interventions. One was used to examine women and men in rural communities in Fiji, and the other to study women only in rural communities in Nepal. Both approaches used a set of 'capacity domains', a ranking scale and means of visually representing the findings. The experiences of using each approach, and the strengths and weaknesses of using rating scales and the 'capacity domains' to assess community capacity are discussed. The use of visual representations of community change, in particular the 'spider web' approach are also discussed. The 'capacity building ' domains presented in this study are robust and capture the essential qualities of a 'capable community'. 'Parallel tracking' of the domains allows programmes themselves to be viewed as a means to the end of building community capacity. These approaches provide a useful new dimension to programme evaluation.

42. Gillen, S. Voluntary Sector Urges Government to Monitor Community Involvement. Community Care. 2002 Apr 18; (Issue 1418):p14, 2-3p.
Abstract: Reveals that the British government's whole neighborhood renewal strategy could be at risk unless regional government offices devise ways of testing whether communities are involved. Requirement for the strategy to have credibility; Umbrella group for voluntary and community groups involved in regeneration;

Number of local strategic partnerships which gained accreditation from the regional government offices.

43. Glickman, N. J. Servon L. J. More than Bricks and Sticks: Five Components of Community Development Corporation Capacity. Housing Policy Debate. 1998; Vol. 9(Issue 3):497-539.
Keywords: Community, Nonprofit sector; Development/ revitalization
Abstract: Community Development researchers, practitioners, and funders have recently begun to emphasize the need for community development corporations (CDCs) to build capacity. However, the practice of using the capacity without carefully defining it allows for a wide range of meanings to be assigned to the term and hinders efforts to study and measure it. Capacity is often defined narrowly in terms of housing production, oversimplifying a complex concept and process.
To remedy this shortcoming, we create a framework that views capacity more broadly by dividing it into five components: resource, organizational, programmatic, network and political. We believe that this more concrete way of thinking about capacity will be particularly useful to practitioners, funders and policy-makers. We apply our definitions to CDCs, particularly those that work with local intermediaries called community development partnerships (CDPs), in order to better understand the role of CDPs in the process of building capacity.

44. Goodman, R. M. et. al. Identifying and Defining the Dimensions of Community Capacity to Provide a Basis for Measurement. Health Education and Behavior. 1998; Vol. 25(No. 3):pages 258-278.

45. Gow, K. N. Banking on Women. WE International. Summer/Fall2000; (Issue 48/49):pages 11-13.
Abstract: Presents information on Centre for Agricultural and Rural Development, a microfinance system of savings and credit for women based in the Philippines. Details on the training and community economic development initiatives of the organization; Information on its services; Details on the financial assistance given by the Grameen Bank to the organization.

46. Grace, Andre P. (Pennsylvania State University). Adult Education as Building Community: The Parameters and Realities of Enterprise Identity in North America (1945-70). AERC Conference Proceedings; University of the Incarnate Word, San Antonio, Texas.
Abstract: This paper takes up aspects of building community in North American adult education (1945-70). It looks at adult education's efforts to build community in itself and explores the degree to which the enterprise built community in education and society.

47. Guijt, I. and Gaventa, J. Participatory Monitoring and Evaluation: Learning from Change. IDS Policy Briefings. 1998 Nov; (Issue 12).
Abstract: Summary:
Development Organisations need to know how effective their efforts have been. But who should make these
judgements, and on what basis? Usually it is outside experts who take charge. Participatory monitoring and evaluation (PM&E) is a different approach which involves local people, development agencies, and policy makers deciding together how progress should be measured, and results acted upon. It can reveal valuable lessons and improve accountability. However, it is a challenging process for all concerned since it encourages people to examine their assumptions about what constitutes progress, and to face up to the contradictions and conflicts that can emerge.

48. Hawe, P.; King, L.; Noort, M.; Gifford, S., and Lloyd, B. Working invisibly: Health workers talk about capacity-building in health promotion. Health Promotion International. 1998; Vol. 13(No. 4):Pages 285-295.

49. Hawe, P.; King, L.; Noort, M., and Jordens, C. & Lloyd B. Indicators to help with capacity building in health promotion. North Sydney: New South Wales Health Department; 2000.

50. Hawe, P.; Noort, M.; King, L., and & Jordes, C. Multiplying health gains: The critical role of capacity-building within health promotion programs. Health Policy. 1997; Vol. 39:Pages 29-42.

51. Hiebert, Walter and Swan, David. Positively Fit: A case study in community development and the role of participatory action research. Community Development Journal. 1999 Oct; Vol. 34(No. 4):pages 356-364.
Abstract: Positively Fit began as a government funded, community driven research project to investigate the impact of rehabilitation activities on the quality of life for persons living with HIV in the Greater Victoria Region of British Columbia, Canada. With 83 participants, and five participant researchers, Positively Fit grew into a community development process for persons living with HIV, based on a participatory action research framework. This transformation was accompanied by issues of power and control, the line between insiders and outsiders, and the realization that 'participatory' is a term with many different meanings to many different constituent groups. Within the participatory action research framework, persons living with HIV were encouraged to become active in their own lives in a way that was meaningful to them. The role of the Project was community 'animation' or to facilitate linkages between persons living with HIV and existing community resources, as well as to encourage the capacities of participants for self-determination. Positively Fit, when it was in the hands of the participants, attempted not to create new community services or programs.

Instead Positively Fit participants negotiated access to participate in a program of their choice, in their own community or neighborhood. However, government, physician and the local hosting agency agendas interrupted this community development process.

52. Hodge, W. and Milne, C. (ARTD Research and Management Consultants). Working with Stakeholders- Combining Participatory Methods with Hard Data to Evaluate Three Environmental Programs. 2002 Evaluation in Practice- Making a difference- International Evaluation Conference; Wollongong.
Keywords: Environment, water quality, review, document analysis, report data, participatory evaluation, program logic
Abstract: In developing new policy directions for protecting the quality of coastal waterways, Environment Australia (EA) wanted to review lessons from three programs (57 projects) and include program stakeholders in the process (primarily the coordinators of funded projects).
The evaluation was conducted in two stages. Firstly a discussion paper was prepared that described the program and included interim evaluation findings. At the second stage, a national forum of key stakeholders provided input after the paper had been circulated. This input helped refine evaluation findings as well as contributed to the development of future directions for EA's water quality programs. Data was collected to develop the discussion paper from a systematic review of project documents. A framework for the analysis was developed that allowed specific characteristics of interest to be classified and the program and its outcomes to be accurately described using projects as the base unit of analysis. Additional data came from a small number of key stakeholder interviews, six case studies and in-depth interviews with a sample of managers. This methodology was possible because the program managers had included evaluation in their planning and had developed a performance evaluation framework from which reporting formats were developed. This paper will discuss the strengths and weaknesses of the data collection methods from the viewpoint of the external evaluators, the project stakeholders and the Commonwealth managers. It will also discuss how the methodology has supported stakeholder understanding of, and participation in, decisions about new policy directions.

53. Huber, Melissa S. and Kossek E. E. Community distress predicting welfare exits: the under-examined factor for families in the United States. Community, Work and Family. 1999; Vol. 2(No. 2):pages 173-186.
Keywords: Poverty legislation; welfare reform; women; community economic development; community psychology; ecological model.
Abstract: Using a quasi-experimental design, a sample of female welfare clients (N=91) was followed over 32 months to compare two competing models used to describe welfare dependency.

The individual deficit model suggested that clients would not engage in work activities on their own initiative and that legislative sanctions were required to force clients into employment. The ecological/community model suggested that community economic distress rather than lack of skills or motivation, prevented clients from becoming gainfully employed. Results showed that while both models explained the rate at which clients left the welfare system, the community that one lived in was a stronger predictor of welfare exits than government programs mandating individual effort. Results revealed that many clients were employed regardless of whether or not it was mandated. Furthermore, clients who resided in lower income communities and were required to work to keep receiving welfare benefits under the new legislation, spent an average of nearly twice as much time in the welfare system (22.75 months) as individuals who faced neither stress (11.5 months). The findings highlight the need to incorporate community economic development strategies in the overall program to decrease welfare dependency, rather than focussing solely on individual remediation.

54. Hurworth, R.; Harvey, G., and Rutter, A. (The University of Melbourne). Empowering Older Adults Through Engagement in the Evaluation Process: examples from adult and community education projects in Victoria. 2002 Australiasian Society International Conference; Wollongong, Australia.
Keywords: empowerment evaluation, participatory evaluation, adult education, older adults
Abstract: Since 1995, the Centre for Program Evaluation has been involved in several evaluations pertaining to older adult learning in Victoria. The foci of these have been to : determine the educational needs of the over 60s; create profiles of each university of the Third Age (U3A) in Victoria; assess the potential for introducing educational clustering arrangements; and examine venue requirements of U3As. Within each of these, the intention has been to move away from traditional evaluation practices where external evaluators control all aspects of the evaluation process. Rather, the evaluation team was expected, from the outset, to involve older adults as much as possible. This paper revisits the ideas behind the empowerment approach before drawing on the experiences of the projects to describe the way that participation and empowered encourages. Specific processes utilized are outlined, as well as the benefits and limitations of the approach.

55. Jackson, E. T. Participatory Impact Assessment for Poverty Alleviation: Opportunities for Communities and Development Agencies. Knowledge and Policy. 1997 Spring-1997 Summer; Vol 10(Issue 1/2):p6, 18p.
Abstract: In an increasingly globalized world, participatory impact assessment (PIA) can serve as a useful tool to help communities take charge of their affairs. Development agencies can work with communities to use PIA to measure and promote substantial, sustainable gains by the poor in terms of money and power.

Recent work on impact indicators at the micro-(household and community), meso- (institutional), and macro- (policy) levels--especially in the areas of microenterprise, local economic development, gender and development, human rights, and institutional partnerships--can be consolidated and extended through PIA. PIA can also be used to strengthen methods that place full control, or at least co-management authority, in the hands of citizens to evaluate development interventions. An international network on PIA should be established to facilitate exchanges on, and the spread of, this approach.

56. Jackson, S. F.; Cleverly, S.; Burman, D.; Edwards, R.; Poland, B., and & Robertson, A. Toward Indicators of Community Capacity: A study in four Toronto communities. Toronto: Centre for Health Promotion and Department of Health Promotion Research Unit, University of Toronto; 1999.

57. Jeffery, B.; Abonyi, S.; Labonte, R. & Burka-Charler M. Engaging numbers: Health indicators that matter for people, place, and practice. 2002.

58. Jones, C and Colby, J. Healthy Communities: Beyond Circle Virtue. National Civic Review. 2001 Winter; Vol. 90(Issue 4):p363, 11p.
Keywords: Civic Improvement; Environmental Protection; United States; Community; Community Development
Abstract: Clarifies the need for even greater community action to accomplish national policy goals in the U.S. Community-based environmental protection; Discussion on the watershedhealth as an example; Dilemma for government and local partnership

59. Kabeer, Naila. Conflict over Credit: Re-Evaluating the Empowerment Potential of loans to Women in Rural Bangladesh. World Development. 2001 Jan; Vol. 29(Issue 1):63.
Keywords: microcredit, gender, empowerment, evaluation, Bangladesh, Asia
Abstract: This paper explores the reasons why recent evaluations of the empowerment potential of credit programs for rural women in Bangladesh have arrived at very conflicting conclusions. Although these evaluations use somewhat different methodologies and have been carried out at different points of time, the paper argues that the primary source of the conflict lies in the very different understandings of intrahousehold power relations which these studies draw on. It supports this argument through a comparative analysis with the findings of a participatory evaluation of a rather different credit program in Bangladesh in which the impact of loans was evaluated by women loanees themselves. [C] 2000 Elsevier Science Ltd. All rights reserved. Key words -- microcredit, gender, empowerment, evaluation, Bangladesh, Asia Author's Abstract: COPYRIGHT 2001 Elsevier Science Publishers Ltd.

This paper explores the reasons why recent evaluations of the empowerment potential of credit programs for rural women in Bangladesh have arrived at very conflicting conclusions. Although these evaluations use somewhat different methodologies and have been carried out at different points of time, the paper argues that the primary source of the conflict lies in the very different understandings of intrahousehold power relations which these studies draw on. It supports this argument through a comparative analysis with the findings of a participatory evaluation of a rather different credit program in Bangladesh in which the impact of loans was evaluated by women loanees themselves. [C] 2000 Elsevier Science Ltd. All rights reserved.

60. Kenny, S. (Director Centre for Citizenship and Human Rights School of Social and International Studies Deakin University Melbourne Australia). Evaluation and Community Development: Mantras, challenges and dilemmas. Australiasian Evaluation Society International Conference; Wollongong, Australia.
Keywords: Evaluation, risk society, technologies of power, community development

61. Kilpatrick, Sue (Centre for Research and Learning in Regional Australia, Tasmania University, Launceston). Community Learning and Sustainability: Practice and Policy, CRLRA Discussion Paper Series. Future of Australia's County Towns; Bendigo, Australia. 2000.
Keywords: MAJOR_DESCRIPTORS: Community Cooperation; Community Development; Decentralization; Public Policy; Social Capital; Sustainable Development / MINOR DESCRIPTORS: Foreign Countries; Leadership Qualities; Leadership Training; Participative Decision Making; Policy Formation; Rural Areas; Social Networks
Abstract: There are clear signs that community learning is the way to a more sustainable future for Australian communities, especially rural ones. There are also indications that policymakers now recognize that the people who live in communities should play an important role in determining the future of their own communities. Policy must use the best knowledge from research and provide sufficient resources to build community capacity to learn, adapt, and change. That means a policy approach that builds social capital in communities. A learning community is building social capital as it learns, and a community with high levels of social capital will be a learning community. Strategies for building social capital/learning communities include creating opportunities for interaction; developing leadership skills; building ties within and across communities and between public and private institutions; and establishing brokers to build and maintain these ties. Policy that uses and builds social capital in communities and is most likely to produce sustainable outcomes has these features: a degree of program continuity; diversity at the local level; integrity of programs across levels of government and departments; knowledge resources that communities can draw upon; two-way networks between policymakers and communities;

and recognition that social capital alone is not enough--policies must also be resourced with human, physical, and financial capital. (Contains 32 references.) (TD)

62. Kliener, Anna M. Empowering People through Participatory Action Research: Methods Models and Motivations. 2002 Jul.
Keywords: Action research, authenticity of participation, empowerment, social change
Abstract: Participatory methods and approaches for conducting community-based research in the context of sustainable development have expanded in recent years. Participation in the research process has been placed in the forefront of efforts to empower people to increase the quality of life in their communities. Authentic participation in the research process enables people to implement their own process of dialogue, action, analysis and social change. Four approaches to participatory action research are discussed in this paper. How these approaches have been applied to the research needs of community-based organizations is examined through a discussion of university-community relationships established by the Missouri Action Research Connection (MARC) at the University of Missouri- Columbia.

63. Kline, E. Planning and Creating Eco-Cities: indicators as a tool for shaping development and measuring progress. Local Environment. 2000 Aug; Vol. 5(Issue 3):p343, 8p.
Keywords: Economic Indicators; Community Development
Abstract: Eco-cities strive to become more liveable, enjoyable, and healthy. Indicators can be an effective mechanism for understanding people's values, needs, concerns, and expectations; guiding development decisions; evaluating progress and making revisions; and gaining support for desired actions. This viewpoint describes how sustainability indicators can be developed to measure a community's environment, economy, quality of life, and governance. Five helpful hints are offered to guide this process.

64. Kouri, D and Hanson, L (HEALNet, Saskatchewan). Occasional Paper No. 5, Exploring Health Care Regionalization and Community Capacity. Saskatchewan, Canada: Regionalization Research Centre, HEALNet ; 2000.

65. Krieger, James; Allen, Carol; Cheadle, Allen; Ciske, Sandra; Schier, James K.; Senturia, Kirsten, and Sullivan, Marianne. Using Community-Based Participatory Research to Address Social Determinants of Health: Lessons Learned From Seattle Partners for Healthy Communities. Health Education and Behavior. 2002; v. 29(No. 3):p. 361, 22p.

66. Krishna, Anirudh and Shrader, Elizabeth. Social Capital Assessment Tool. Conference on Social Capital and Poverty Reduction; Washington, D.C. Washington, D.C.: The World Bank; 1999.

67. Kusimo, Patricia S.; Keyes, M.; Balow, N.; Carter, Carolyn S., and Poe, R. (National Science Foundation). Economic Development, Education, and Community Engagement in Rural Persistent Poverty Communities; Arlington, Virginia. Virginia; 1999.
Keywords: MAJOR_DESCRIPTORS: Community Development; Institutional Role; Poverty; Public Policy; Role of Education; Rural Areas/ MINOR DESCRIPTORS: Community Resources; Disadvantaged; Economic Development; Education Work Relationship; Elementary Secondary Education; Extension Education; Higher Education; Information Dissemination; Leadership Training; Participative Decision Making; Research Needs; School Community Relationship
Abstract: A conference on economic development, education, and rural community engagement brought representatives from higher education, government agencies, and education research together with experts in community revitalization and activism to discuss how efforts might be coordinated across disciplines to accomplish lasting reforms in poor, rural communities. Characteristics of revitalized communities were identified as visionary leadership, quality jobs, strategic economic and social development, and external linkages. Factors critical to community revitalization, but often missing, include leadership, policies that recognize rural differences, partnerships and power sharing, and thoughtful development of technology. In discussions of institutional roles in revitalizing poor, rural communities, it was noted that schools could offer entrepreneurial curricula, provide a curriculum of place, and become community centers that offer lifelong learning opportunities and serve as focal points for revitalization. The roles of churches, extension services, community organizations, and researchers were also discussed. Assets in rural communities include physical infrastructures, people and organizations, resourcefulness, and technology. National resources for rural communities include the U.S. Departments of Agriculture, Education, and Labor; the American Association of School Administrators; and the National Science Foundation. Participants offered reflections and recommendations for immediate action and research in four areas: interactions between schools and communities, building community capacity, information dissemination, and public research and public policy. Appendices present the agenda and participant list. (TD)

68. Labonte, R.; Woodard, GB; Chad, K., and Laverack, G. Community Capacity Building: A parallel track for health promotion programs. Canadian Journal of Public Health. 2002 May-2002 Jun 30; Vol. 93(No. 3):pages 181-2.

69. Labonte, Ronald and Laverack G. Capacity Building in Health Promotion, Part 1: For whom? And for what purpose? Critical Public Health. 2001; Vol. 11(No. 2):pages 111-127.
Abstract: Capacity building has been a topic in health promotion literature for several years. Similar constructs that preceded it include community development and community empowerment.

More recent constructs, notably social capital and social cohesion, make roughly similar claims on the same social space. This space essentially describes elements of peoples' day-to-day relationships, conditioned and constrained by economic and political practices, that are important determinants of the quality of their lives, and of communities' healthy functioning. In this paper, we discuss capacity building as health promotion means (its instrumental value to other goals) and end (constitutive of the type of human development health promotion espouses). We describe three different uses of the term capacity building and distinguish community capacity indicators from two other types pertinent to health promotion program evaluation: population health indicators, and program-specific indicators. We review seven theoretical and empirical models of community capacity, which provide a total of nine separate capacity domains. A second article in this series takes up issues of community capacity use and measurement in health promotion planning and evaluation.

70. Capacity building in health promotion, Part 2: whose use? And with what measurement? Critical Public Health. Vol. 11(No. 2):pages 129-138. Abstract: Capacity building has been a topic in health promotion literature for several years. In our previous article, we discussed community capacity building as both means and end in health promotion work, and reviewed seven theoretical and empirical models of community capacity which provide a total of nine separate capacity domains. In this article we discuss the parallel tracking of community capacity building in health-promotion program planning, implementation and evaluation, and describe workshop methodologies for incorporating capacity assessments within health-promotion program planning. We conclude with a discussion of measurement options for community capacity building.

71. Lennie, J.; Simpson, L., and Hearn, G. (Queensland University of Technology, Brisbane). Can the participatory evaluation of new communication technology initiatives assist in building, sustainable and inclusive rural communities? 2002 Autraliasian Evaluations Society's International Evaluation Conference; Wollongong, Australia.

72. Baugh Littlejohns, L; GermAnn, K.; Smith, N.; with Bopp, J.; Bopp, M.; Reichel, C.; Harcus, S.; Goldthorpe, J., and Hoppins, Y. Integrating Community Capacity Building and Enhanced Primary Health Care Services. Australian Journal of Primary Health- Interchange. 2000; Vol. 6(Nos 3 & 4). Abstract: The purpose of this study was to design, test, and evaluate a community capacity assessment process within a Healthy Communities Initiative (HCI) in conjunction with model development for enhanced primary health care (PHC) services in small rural communities. This paper describes the HCI planning process and community capacity assessment methods and tools, in the context of a small rural community that identified enhanced PHC as a key priority area.

A PHC demonstration project was developed and a model integrating community action with the PHC team and the services they provide was created. It is the community action component of the model that we highlight in this paper in order to further knowledge development of strategies to strengthen community action. The key learnings from this study are threefold. The assessment process appears to: (a) be effective in raising awareness, stimulating dialogue, and fostering learning about community capacity (both on the part of community participants and outside professional helpers, (b) be promising in terms of helping communities take action to build capacity in targeted areas, and (c) provide a forum for integrating the HCI and the PHC project, thereby allowing equal attention to be given to primary health care service delivery and to strengthening community action.

73. Mairs, Beth. Helping Seniors Mobilize: A Handbook on Community Organizing. Lawrence Heights Community Health Centre Press; 1992.

74. Malone, M. The health experience of Irish people in a North West London 'community saved'. Community, Work and Family. 2001; Vol. 4(No. 2):pages 195-213.
Abstract: This paper describes the development of a 'community saved' among first generation Irish immigrants in London. A 'community saved' is defined by its containment of numerous personal relationships formed over time; it is 'densely knit' and 'bounded'. Within this paper links are described between the development and survival of this Irish immigrant community, with its emphasis upon both family ties and work as a means of enhancing social cohesion, and its members' lived health experience. Social therapy in its most comprehensive form, as a 'tool' of social research which seeks to provide explanations of events in the real world, provides unifying theoretical framework for the study. The development of 'social capital', or the growth of values such as trust and reciprocity that facilitates societal functioning and community life, provides the main unifying theme linking community life to health experience. Precisely how it does so may mean moving, at times, in and out of empirical data. It involves participants using their own words and their own phrases to describe their particular experience: an exposition beyond the scope of mere statistical measurement.

75. Mandell, M. P. Collaboration through Network Structures for Community Building Efforts. National Civic Review. 2001 Fall; Vol. 90(Issue 3):p279, 9p.
Abstract: Discusses the role of collaboration; Formation of a network structure; Difference between networks in the public and private sectors; Impact of management strategy on community collaboration; Lessons learnt concerning the impact of contextual variables.

76. Margerum, Richard D. Evaluating Collaborative Planning: Implications from an Empirical Analysis of Growth Management. APA Journal. 2002 Spring; Vol 68(No. 2).
Abstract: Collaborative planning is increasingly being advocated as a new paradigm because it generates commitment to commonly accepted objectives and fosters commitment to implementation. However, the long-term effects of implementation are seldom evaluated. In South-East Queensland, Australia, a collaborative planning approach was used to manage regional growth. Based on six local government case studies, this research evaluates the consensus process and assesses the long-term implementation effects. I also evaluate the outputs of the collaborative planning process to reflect on its role in implementation. By adapting a policy implementation framework for the collaborative planning setting, I expound on the commonly cited criteria of a high-quality agreement and a structured approach to implementation.

77. Mate, K. Capacity Building and Policy Networking for Sustainable Development. Minerals and Energy. 2001; Vol. 16(No. 2):pages 3-25.
Abstract: Mining is a significant economic activity in many African and Latin American countries and accounts for a substantial part of their fiscal and foreign revenues. The mining sector has undergone a major expansion over the last few decades as part of a process of export-led recovery under Structural Adjustment programmes undertaken in response to the problems of debt and economic underperformance. While the environmental impact of mining has largely been addressed by new mining legislation and the requirements of financial institutions, little attention has been paid to mining's socio-economic impact. The prevalence of surface mining has led to an increased loss of land, a critical resource in many rural communities, as well as the absence of social infrastructure and employment opportunities that mining communities previously benefited from. This has generated community protests and demands for direct benefits from mining. State capacity-building is required for improved governance and for state reform. It is also required in the policy areas relevant to sustainable mining to ensure a better use of mining revenues for sustainable development. There is a further need for effective networking of policies and institutions relevant to mining as well as for guidelines on mining community development. Community empowerment and capacity-building are required to ensure effective community participation in decision-making relevant to mining while mining companies will have to internalize the demands of corporate social responsibility in order to improve community relations and their capacity for community development.

78. McKnight, J. and Kretzman, J. Mapping Community Capacity [Web Page]. Available at: http://www.wkkf.org/Pubs/CustomPubs/SusComBasedInits/sustaining-3/Sustaining-three-2.pdf.

79. McLean, S.; Ebbesen, L.; Green, K.; Reeder, B.; Butler-Jones, D., and Steer, S. Capacity for Community Development: An Approach to Conceptualization and Measurement. Journal of the Community Development Society. 2001; Vol. 32(No. 2):pages 251-270.
Abstract: The concept of "capacity" has generated substantial interest among community development practitioners and scholars. This article describes our efforts to understand and measure health promotion capacity in Saskatchewan, and encourages readers to think about the usefulness of this concept in other community development contexts. We conceptualize capacity as a set of knowledge, skills, commitments, and resources required by individuals and organizations to effectively plan, implement, and evaluate health promotion activities. We initially operationalized and measured capacity through survey instruments designed to elicit responses from health promotion practitioners and leaders of regional health care organizations. After the initial administration of these two surveys, and following additional qualitative consultation with respondents to the surveys, we developed "capacity checklists" as practical tools to help practitioners and leaders assess their individual and organizational capacity for health promotion work. The ability to better understand and measure capacity enables community developers to more effectively pursue continuing education and organizational development efforts.

80. Mokwena, K. Empowerment as a tool for community health development. Journal of Comprehensive Health in South Africa. 1997 Apr-1997 Jun 30; Vol. 8(Issue 2):p66, 5p.
Abstract: Highlights the role and concept of empowerment in addressing community health issues. Role of concerned professional in powerless communities; Asset-based approach to community development; Strategies used to empower communities; Factors to consider in measuring the occurrence of empowerment; Relationship between empowerment of individuals and empowerment of communities.

81. Morgan, P. An Update on the Performance Monitoring of Capacity Development Programs: What are we Learning? DAC Informal Network on Institutional and Capacity Development ; Ottawa, Canada. Policy Branch, CIDA; 1999 May.

82. Narayan, D. and Cassidy, M. F. A Dimensional Approach to Measuring Social Capital: Development and Validation of a Social Capital Inventory. Current Sociology. 2001 Mar; Vol 49(Issue 2):pages 59-102.

83. Natcher, D. C. and Hickey, C. G. Putting the community back into community-based resource management: A criteria and indicators approach to sustainability. Human Organization. 2002 Winter; Vol. 61(Issue 4):Pages 350-363.
Keywords: Community; Sustainable Development; Indigenous development; Indigenous people; Multiculturalism & pluralism

Abstract: Advocates of community-based resource management often depict indigenous communities as homogenous sites of social consensus. While proving successful at advancing local involvement in the management and decision-making process, these idealized images fail to represent the plurality of values and personal interests nested within the indigenous communities. By failing to account for internal diversity, indigenous communities that are now regaining management responsibility for their traditional homelands risk furthering the traditional "top-downism" long inherent in institutionalized resource management. However, in regaining these responsibilities, indigenous communities have an opportunity to implement new and locally defined approaches to management. This paper describes one such community-based process and builds upon the experiences of the Little Red River Cree Nation of Alberta, Canada, to illustrate the challenges and opportunities involved. Specifically, through the use of criteria and performance indicators, derived from multiple perspectives, the Little Red River Cree Nation has developed a self-improving forest management system that is proving responsive to the values, expectations, and changing needs of community members.

84. Natural Resources Canada. Sustainable Development Strategy: Now and for the Future [Web Page]. 2001; Accessed 2002 Nov 20. Available at: http://www.nssd.net/pdf/nrcsdse0.pdf.

85. Ong, Bie Nio. Assessing the context for partnerships between communities and the National Health Service in England. Critical Public Health. 2000; Vol. 10(No. 3):pages 343-351.
Abstract: The debates surrounding public involvement in healthcare decision making have centred around how and in what capacity the public should be engaged. There is evidence that the public is reluctant to participate in setting priorities. More fundamentally, there is the question of whether the public sector can assess the capacity of communities to achieve a shared perspective on healthcare delivery. The notion of social capital addresses this question by examining the level of social cohesion and mutual trust within communities, thus providing an understanding on the one hand of the capacity of communities to develop a perspective on the 'common good' and on the other their willingness to connect with public sector organizations. It is important to gauge community capacity before developing strategies and methods for public involvement in healthcare decision making.

86. Parker, Edith A.; Eng, Eugenia; Schulz, Amy J., and Israel, Barbara A. Evaluating Community-Based Health Programs That Seek To Increase Community Capacity. New Directions for Evaluation. 1999 Fall; (No. 3):pages 37-54.
Keywords: MAJOR_DESCRIPTORS: Community Programs; Evaluation Methods; Health Programs/ MINOR DESCRIPTORS: Program Evaluation

87. Parkes, Margot and Panelli R. Integrating Catchment Ecosystems and Community Health: The Value of Participatory Action Research. Ecosystem Health. 2001 Jun; Vol. 7(No. 2):pages 85-106.
Abstract: Understanding links between catchment management and community health demands consideration of complex bio-physical, socio-economic, and public health relationships. These relationships cut across a spectrum of health, environment and development considerations and highlight the need for appropriate and intergrative modes of inquiry and decision making. What can Participatory Action Research (PAR) contribute towards achieving an integrated approach to catchment management and community health issues? In addition to a methodological overview of Participatory Action Research, this paper reviews other participatory, community, action, and ecosystems based methods. Commonalties in principles and methods are highlighted across a number of fields of research and practice including rural and community development, public health and health promotion, natural resource management, environmental health, and integrated ecosystem-based approaches. Lessons learnt from application of Participatory Action Research are described in relation to a catchment and community health project, based in the Taieri River catchment, New Zealand. The case study emphasizes the importance of both horizontal and vertical connections between diverse coalitions of catchment stakeholders and the contribution of PAR cycles of inquiry, reflection and action toward this type of integration. Both generic and location-specific examples highlight the value of participatory methods that respond to the challenge of how to integrate the complex social and bio-physical processes that characterize human and ecosystem health.

88. Patton, Susan. Empowering Women: Improving a Community's health. Nursing Management. 1995; Vol 26(No. 8):36, 37, 41.
Abstract: Community Health Aides (volunteers) were trained to become health resource persons in their own community. The curriculum for the training sessions was modeled after the Camp Health Aide Program, which is based on the belief that with information and support, migrant farmworkers can make changes in their lives and environment to improve their health and the community's health.

89. Peterson, Dana M. The Potential of Social Capital Measures in the Evaluation of Comprehensive Community-based Health Initiatives. American Journal of Evaluation. 2002; Vol. 23(No. 1):p. 55, 10p.

90. Plane, Karen. Community Capacity Building in Regional VET: Small Business and Developing an Integrated Lifelong Learning Community. Australian Vocational Education and Training Research Association Conference; Adelaide, Australia. 2001.
Keywords: MAJOR_DESCRIPTORS: Community Development; Lifelong Learning; Partnerships in Education; School Business Relationship; Small Businesses; Vocational Education/

MINOR DESCRIPTORS: Adult Education; Community Involvement; Community Programs; Developed Nations; Foreign Countries; Human Resources; Informal Education; Models; Regional Cooperation; School Community

Abstract: In a competitive market training economy, vocational education and training (VET) and small business in Australia face a number of challenges. They need to qualify the extent of lifelong learning skills being used in the small firm workplace, define the range of learning partnerships both within VET and the wider informal learning community in which small business will invest, and decide how this might influence infrastructure for developing learning communities in regional Australia for the future. An alternative community capacity building model has been suggested. It is comprised of nine "ecologies" or microcultures of learning of equivalent importance in developing lifelong learning partners, which is considered essential for developing integrated learning communities between small business and VET. The microcultures are political, attitudes, partnerships, skills, information, technology, organizational, social capital, and regional learning ecologies. Each ecology needs to be in harmony for a lifelong learning partnership to be sustainable; any weak segment or capacity will reflect on the success or stability of the learning partnership for the long term. (Contains 85 references.) (YLB)

91. Poole, Dennis L. Building Community Capacity to promote social and public health: Challenges for universities. Health and Social Work. 1997 Aug; Vol. 22(Issue 3):p 163, 8p.

Abstract: Presents information on community capacity building in relation to public health in the United States. Discussion of social worker's participation in community health partnerships; Definition of community capacity; Details on America's community renewal.

92. Purdey, A. F.; Adhikari, G. B.; Robinson, S. A., and Cox, P. W. Participatory Health Development in Rural Nepal: Clarifying the Process of Community Empowerment. Health Education Quarterly. 1994 Fall; Vol 21(Issue 3):pages 329-343.

Abstract: Community-based participatory development empowers villagers to develop community cohesion and confidence, increase their ability to identify, analyze, and prioritize their own needs, and organize the resources to meet these needs. An important first step in the process involves establishing a cohesive and functional community group. The authors believe that this is best accomplished through villagers' critical examination of their experiences with development including their understanding of reasons for success or failure, and the gradual emergence of a model of working together that acknowledges and builds on participation and collective expertise. This approach to development is demonstrating encouraging results in a rural area of western Nepal in a university affiliated Canadian/Nepali Health Development Project.

This paper describes two mini-projects to illustrate the evolution of group formation through reflection, analysis, and action, and identifies outcomes that could serve as indicators of community empowerment. The paper also presents a generic model of empowerment, and offers lessons learned by the project through the application of the empowerment process to sustainable health development.

93. Putnam, Robert. Social Capital: Measurement and Consequences. ISUMA: Canadian Journal of Policy Research. 2001 Spring; Vol. 2(No. 1):pages 41-51.

Abstract: A number of indicators suggest that there has been a sharp decline in social capital in the United States since the mid-1960s. After rising for most of the first two thirds of the 19th century, formal membership and participation in civic organizations, levels of trust, and charitable giving have all seen sharp declines. There is a strong relationship, across American states, between measures of social capital and educational performance, health, tax evasion and self-assessed welfare. Although this pattern still needs far more detailed analysis, it is pronounced enough to justify further attention to social capital and its potential powerful implications for a range of public policy issues.

94. Raczynski, JM; Cornell, CE; Stalker, V; Phillips, M.; Dignan, M.; Pulley, L., and Leviton, L. Developing community capacity and improving health in African American Communities. American Journal of the Medical Sciences. 2001 Nov; Vol. 322(No. 5):pages 269-75.

Abstract: Community-based programs have produced mixed results. Community capacity is thought to be a major determinant of program effectiveness. Thus, enhancing community capacity may increase the beneficial effects of existing programs and enhance future program effectiveness. This highlights the need to focus on understanding the components of capacity and the methods of enhancing capacity. Although we are just beginning to examine and understand keyconcepts, community capacity is probably influenced by both relatively nonmodifiable characteristics (such as demographic factors, institutional resources, and social structures) and relatively modifiable characteristics (such as knowledge, skills, and the ability and willingness of members and agencies to work collaboratively). In their relationships with community members and agencies, academicians and public health practitioners may help acquire categorical funding to enhance opportunities to build community capacity and their own capacity as well. The relationship between academicians /practitioners and community members/agencies probably is influenced by a host of characteristics which determine the degree to which capacity can be built. This paper discusses: the key components of capacity; the factors that influence building capacity through collaborations; a community health advisor (CHA) model which both builds on sociocultural aspects of African American culture and is consistent with methods for building community capacity;

and how modifications to this model allow it to be compatible with categorically funded projects. [References: 40]

95. Reid, J. Norman, Presentor (Acting Deputy Administrator, Office of Community Development, U.S. Department of Agriculture, Rural Development, Washington, D.C. The author may be reached at nreid@ocdx.usda.gov.). Poverty, Race and Community in Rural Places: The Empowerment Approach. Building Peace, Community and Diversity. CDS conference 2002 Tracks; Cleveland, Mississippi.

96. Roberts, Susan; Dedrick, Angie, and Mitchell, Graham. Westlawn Keys to Community: Project Report. Westlawn Keys to Community. 1998Community Building Resources, Spruce Grove.
Keywords: MAJOR_DESCRIPTORS: Community Development; Community Programs; Student Participation; / MINOR DESCRIPTORS: Adult Education; Community Coordination; Foreign Countries; Junior High Schools; Program Development; Program Implementation; Questionnaires; School Community Relationship; Youth Programs
Abstract: This report describes a project initiated at Westlawn Junior High School, Edmonton (Canada), in which the Community Development Office of Capital Health (CDO) worked with students using the asset-based community building approach. Focus was on the discovery, connection, and mobilization of the students' assets and gifts and connecting these with those of people and groups in the communities. Fifteen grade 9 students met for one-half day per week for one term. Project leaders and the project advisor developed assumptions, goals, and objectives to guide and evaluate the project. For each youth gathering, project leaders developed a detailed plan, including expected outcomes. The youth met for 2 full-day workshops and 14 afternoons, in addition to some full days spent on special events and projects. They created, planned, and implemented two projects that fit project goals and objectives and used their own interests and abilities: working with the community to plant flowers in a local park and organizing a carnival for day care children in the area. The project evaluation recommended continuation of the project with minor modifications. The seven-page report is accompanied by these appendixes: "Who Are We?" and "Community Building Resources" brochures; community capacity building and asset mapping: model summary; "Listen and Learn I" summary; Jasper Place Gateway Foundation description; daily plans; evaluation sheet; summary of expenses; project rating sheet; evaluation executive summary; and summative evaluation questionnaire.

97. Robinson, S. A.; Cox, P.; Somlai, I. G.; Purdey, A., and Prasai, B. R. Process Evaluation: A Field Method for Tracking Those Elusive Development Results. Canadian Journal of Development Studies. 1997; XVIII(Special Issue):pages 805-834.

Abstract: This paper presents process evaluation methodology (PEM), a field-based participatory evaluation methodolgy, and its application in the Nepal Health Development Project (NHDP) funded by CIDA. The authors assert that Process Evaluation is an effective evaluation tool for use within a results-based management (RBM) framework. In particular, it is applicable to development programs that intend to enhance the capacity of individuals, organizations, and systems.

98. Schnoes, Connie J, et al. Empowerment Evaluation Applied: Experiences, Analysis, and Recommendations from a Case Study. American Journal of Evaluation. 2000 Winter; Vol. 21(Issue 1):p53, 12p.

Abstract: Examines the application of empowerment evaluation approach in the context of comprehensive communities initiatives. Discussion on the role of evaluators and comparison to other approaches; Requirement of creativity for the project; Factors contributing to the effectiveness of the approach; Suggestion of stakeholder and evaluator involvement. The empowerment evaluation approach is applied and examined within the context of a case study involving three comprehensive communities' initiatives. Although considerable literature has been published concerning the efficacy and legitimacy of the empowerment evaluation approach, little documentation exists regarding the empirical application of this approach. In this article we discuss, from both theoretical and empirical perspectives, issues related to the evaluator's role, differences relative to other inclusive evaluation approaches, stakeholder involvement, evaluation context variables, and the concept and practice of empowering program participants via an evaluation approach. Data were gathered to assess how the approach was viewed through the eyes of both the evaluation consumers and the evaluators. Recommendations are discussed regarding the types of circumstances that might most facilitate and support the empowerment evaluation approach.

99. Secret, Mary Jordan A. and Ford Janet. Empowerment Evaluation as a Social Work Strategy. Health and Social Work. 1999 May; Vol. 24(No. 2):pages 120-127.

Keywords: empowerment, HIV-prevention programs, participatory evaluation, program evaluation.

Abstract: This article explores the application of empowerment strategies to program evaluation within a community health setting and presents a case study to examine the policy, direct practice, and research issues associated with the plan to evaluate a community-based HIV-prevention program. Empowerment evaluation strategies were used to develop an innovative street outreach intervention that can be measured and evaluated, to transfer evaluation knowledge from the researcher-expert to the program stakeholders, and to help overcome evaluation implementation obstacles. the article addresses the benefits and risks of inherent in an empowerment approach to the evaluative research process.

100. Silow-Carroll, Sharon Anthony S. E. Seltman P. A. Meyer J. A. (Economic and Social Research Institute). A Series of Community Voices Publications. Community-Based Health Plans for the Uninsured: Expanding Access, Enhancing Dignity. W.K. Kellogg Foundation; 2001 Nov.

101. Simard, P. Evaluation of Healthy Communities Project. 2002 Sep.

102. Smith, N.; Sutherland, L.; Baugh Littlejohns, L., and Hawe, P. Assumptions and revelations about the shared utility of formalized community-level indicators in a healthy community initiative. 2002.
Abstract: This paper reports on a research project into the development of community-level indicators of success. This was part of a process involving community visioning and the creation of action plans that would further the vision by addressing key health priorities and/or community capacity building activities. The research was conducted over two years (2000-2002) with participants in a Healthy Communities Initiative sponsored by a central Alberta Health Region. Thirty semi-structured interviews were conducted and analyzed in two phases. Three themes identified in the analysis are reported here: skepticism about evaluation, problems with community ownership; and the identification of informal measures of success. The interviews revealed certain limitations in the way that the process of developing community-level indicators was implemented in this context that weakened its chances of achieving the sponsors' aims. In addition, respondents comments confirm that some of the literature about the challenges involved in finding a form of evidence that suits both community and agency ways of knowing.

103. Smith, Neale; Baugh Littlejohns, Lori, and Thompson, Donna. Shaking out the cobwebs: Insights into community capacity and its relation to health outcomes. Community Development Journal. 2001 Jan; Vol. 36(No. 1):pp. 30-41.
Abstract: The authors are health promotion and community development practitioners in the David Thompson Health Region of rural central Alberta, Canada. Like our peers, we struggle to carry out our practice in way that honors the underlying values and principles of health promotion. Our experiences with two Regional health promotion programs over the past five years have led us to conclude that we must adopt and refine an emphasis upon community capacity building in our work.
In this paper, community capacity building is defined and its importance for the work of health promotion and community development practitioners is outlined. We provide an overview of the literature on this subject and on related concepts such as asset based development, community competence, social capital, and civic infrastructure. Finally, we indicate some directions for further research. Ultimately, our work should provide guidance on how to deliver health promotion in order to more effectively strengthen and empower communities.

104. Sommer, F. Monitoring and Evaluating Outcomes of Community Involvement - the LITMUS Experience. Local Environment. 2000 Nov; Vol. 5(Issue 4):p483, 9p.
Abstract: Evaluates the outcomes of community involvement programs in local decision-making processes in Great Britain. Outcomes of community involvement projects that developed local indicators of sustainable development; Allocation of resources for involving communities in areas such as urban regeneration programs, community development and social inclusion programs.

105. Spiegel, J. M.; Bonet, M.; Yassi, A.; Molina, E.; Concepcion, M., and Mas, P. Developing Ecosystem Health Indicators in Centro Habana: A Community-based Approach. Ecosystem Health. 2001 Mar; Vol. 7(No. 1):pages 15-26.
Abstract: A set of interventions was undertaken between 1995 and 1999 to improve the quality of life and human health in Cayo Hueso, an inner city community in Central Havana. the municipality and community Organisations contacted the agency responsible for public and environmental health in Cuba (INHEM) to evaluate whether these improvements were as effective and efficient as possible, so as to assist in planning further interventions in this and other communities. With the aid of international researchers, an effort was made to strengthen the community's capacity to apply an ecosystem health approach, adapting the analytical framework (DPSEEA: driving force-pressure-state-exposure-effects-action) developed for this purpose by the World Health Organization. A series of workshops and focus groups with community representatives and researchers was conducted in late 1999 and early 2000 to develop appropriate indicators for the analysis. Interventions were grouped into those relating to improved housing, the physical community infrastructure (e.g. water, sewage, street lights), and the socio-cultural environment (e.g. programs for youths and seniors). The DPSEEA framework was embraced by the community and used to define indicators at the individual, household, and neighborhood levels; the community-researcher team then collectively elaborated the methodology to obtain the needed information. Data collection is now underway with the process having triggered a series of new partnerships, including other communities (comparison groups) now eager to learn from the Cayo Hueso interventions. With the capacity to apply this approach strengthened, the community is preparing to use the results of the analyses to set new priorities and pursue longer-term ecosystem health interventions.

106. Stone, W. and Hughes, J. (Australian Institute of Family Studies Wendy Stone Research Fellow and Project Manager wendy.stone@aifs.gov.au 03 9214 7820). Measuring Social Capital: Towards a Standardized Approach. 2002 Australiasian Evaluation Society International Conference; Wollongong, Australia.

Abstract: 'Social Capital' is often equated with notions of strong or prosperous communities and has been heralded as the glue that holds communities together. Yet, it is an empirically elusive concept and still little is known about social capital in practice - particularly as it features in different types of families and communities. As a result the tasks of measuring, evaluating and understanding how social capital might best be facilitated in policy or service provision remain problematic. This paper briefly describes current work being undertaken by the authors that attempts to overcome some of these problems. The paper describes a conceptual framework for social capital measurement and the development of various approaches to analysis useful in different types of evaluation and research settings. This work is used as a departure point for a brief discussion of some key issues raised by this and other work in standardizing social capital measurement for evaluation research.

107. Sumner, Jennifer (University of Guelph, Canada). Civil Capital, Adult Education and Community Sustainability: A Theoretical Overview . AERC Conference Proceedings; University of British Columbia, Vancouver. UBC, Vancouver; 2000 Jun.
Abstract: As communities struggle to overcome the negative impacts of corporate globalization, they are searching for ways to maintain or achieve sustainability in an era that values economic efficiency above community life and interests. Adult educators can support communities in their search for sustainability by helping to resist corporate globalization and by building civil capital.

108. The Aspen Institute- Rural Economic Policy Program. Measuring Community Capacity Building [Web Page]. 1996; Accessed 2002 Jul 12. Available at: http://www.aspeninstitute.org/csg/pdfs/ccb.pdf.

109. The Lewin Group, Inc. (Prepared for the W.K.Kellogg Foundation). Community Participation Can Improve America's Public Health Systems. 2002 Apr.
Abstract: This report examines the efforts to engage community participation in public health partnerships by the 41 communities involved in the Turning Point initiative.

110. Thomas, E. P. Local Participation in Development Initiatives: the potential contribution of an understanding of social capital. Urban Forum. 2002 Apr; Vol. 13(Issue 2):p116, 16p.

111. Thompson, D.; Baugh Littlejohns, L, and Smith, N. Caught in the Web: Piloting a Methodology to Assess Community Capacity in a Rural Heart Health Project. The Canadian Journal of Program Evaluation. 2000; Vol. 15(No. 2):pages 35-55.
Abstract: As health promotion practitioners, we have been encouraged to implement strategies to embrace a community-building approach for strengthening community health.

In this article, we present our experience in piloting a methodology to assess the extent to which community capacity was built in a rural heart health project. We defined community capacity as the degree to which a community (and its agency partners) can develop, implement, and sustain actions for strengthening community health. An assessment protocol that included a series of guiding questions and a ranking procedure to assess seven domains of community capacity was designed for focus group application. Following from this, community capacity webs, which visually depict the extent of capacity built through the heart project, were produced for each community. The methodology requires further refinement; however, through this process we were able to further our understanding of the effectiveness of this project in building community capacity.

112. Thompson, Linda S. and Butler, Georgene. Empowering Communities to Influence Public Policy: Healthy Families Maryland- A Case Study. Policy Politics and Nursing. 2001; Vol. 2(No. 2):p. 167, 6p.

113. Varghese, J. and Parkins, J. Who's driving the development of community sustainability indicators? Lessons from three journeys. 2002.
Keywords: Criteria and Indicators, Social Indicators, and Forest Community Sustainability

114. Veazie, Mark A.; Teufel-Shone, N. I.; Silverman, G. S.; Connolly, A. M.; Warne, S.; King, B. F.; Lebowitz, M. D., and Joel S. Meister. Building Community Capacity in Public Health: The Role of Action-Oriented Partnerships. Journal of Public Health Management Practice. 2001 Mar; Vol.7(Issue 2):Pages 21-32.
Keywords: coalitions, community evaluation, partnership evaluation, partnerships, public health systems
Abstract: Public health practice increasingly is concerned with the capacity and performance of communities to identify, implement, strengthen, and sustain collective efforts to improve health. The authors developed ways to assist local Turning Point partnerships to improve their community public health system as a secondary outcome of their work on the expressed needs of the community. Using focus groups, meeting minutes, attendance records, and meeting observation, the authors fed information back to the partnerships on systems change. A public health systems improvement plan supportive of local partnerships' work on specific health issues was funded and the collaborative research agenda was further refined.

115. Wehmeyer, Michael L. Assessment of Self-Determination- Negotiating the Mine Field: A response to Baker et al. Focus on Autism and Other Developmental Disabilities. 2000 Fall; Vol. 15(No. 3):Pages 157-158.
Abstract: Baker, Homer, Sappington and Ard (in this issue) identified a variety of needs and challenges related to the assessment of self-determination in the field of developmental disability.

This response augments Baker et al's call, identifying issues related to the use and abuse of assessing self-determination and suggesting an empowerment evaluation approach to these efforts.

116. Whittaker, A. and Banwell, C. Positioning Policy: The epistemology of social capital and its application in applied rural research in Australia. Human Organization. 2002 Fall; Vol. 61(Issue 3):pages 252-261.
Keywords: Rural areas; Anthropology; Social Research
Abstract: Place, community, and identity have emerged as central issues in our ongoing research in a small rural community in Australia. We reflect upon the spatialization of the concept of social capital and the uncritical use of the term community and participation within this policy discourse. We describe the links between projects to improve community capacity and movements that are changing the nature of governance and forging new relationships between people and the state.

117. Wickizer, T. M. et al. Activating Communities for Health Promotion: A Process Evaluation Method. American Journal of Public Health. 1993 Apr; Vol 83(No. 4):pages 561-567.

118. Wilson, L. C. Implementation and Evaluation of Church-Based Health Fairs. Journal of Community Health Nursing. 2000 Spring; Vol 17(Issue 1):p39, 10p.
Abstract: Focuses on the use of the Plan, Do, Check, Act program planning model in church-based mini cardiovascular health fair in the United States. Distribution of printed cardiovascular disease prevention literature; Benefits of the fair to the enhancement of community participation; Role of the community health nurse in implementing the program; Basis for the evaluation of the data.

119. Wilson, Patricia A. Building Social Capital: A Learning Agenda for the Twenty-first Century. Urban Studies. 1997; Vol. 34(Nos 5-6):pages 745-760.
Keywords: MAJOR_DESCRIPTORS: Community Development; Elementary Secondary Education; Role of Education; Urban Planning; Values Education / MINOR DESCRIPTORS: Futures (of Society); Professional Education; Urban Areas
Abstract: A central task for urban development planners is the building of social capital, actual community building. Essentially, social capital is built through education, and educational institutions that provide values and skills to build social capital will set the pace for the next century. (SLD)

120. Wismer, S. From the Ground Up: Quality of Life Indicators and Sustainable Community Development. Feminist Economics. 1999; Vol 5(Issue 2):pages 109-114.
Keywords: Community economics, sustainable communities, participatory action research

Abstract: In the Search for accessible, understandable, and useful criteria for the evaluation of community sustainability initiatives, quality of life indicators have proven to be appealing. Currently in Ontario, there are several ongoing efforts to develop quality of life indicators for use at the municipal level. Methodologies useful in rural communities must meet some important challenges, including a lack of small area statistics and an absence of paid staff assistance. This article discusses volunteer-driven efforts by rural Woolwich Township's Healthy Communities Project to develop quality of life indicators for use in developing a local State of the Community Report.

121. Wolff, M and Maurana, CA. Building effective community-academic partnerships to improve health: a qualitative study of perspectives from communities. Academic Medicine. 2001 Feb; Vol. 76(No. 2):pages 166-72.
Abstract: PURPOSE: To identify, through a qualitative study, community perspectives on the critical factors that facilitate the development, effectiveness, and sustainability of community-academic partnerships. METHOD: Between June 1998 and April 1999, 25 semistructured interviews were conducted with community members who represented eight partnerships at five academic health centers. Content analysis and open coding were performed on the data, and patterns of ideas and concepts were categorized. RESULTS: After review of the data, responses from three partnerships were excluded. Nine major themes that community respondents thought strongly influenced the effectiveness of community-academic partnerships emerged from respondents from the remaining five partnerships: (1) creation and nurturing of trust; (2) respect for a community's knowledge; (3) community-defined and prioritized needs and goals; (4) mutual division of roles and responsibilities; (5) continuous flexibility, compromise, and feedback; (6) strengthening of community capacity; (7) joint and equitable allocation of resources; (8) sustainability and community ownership; and (9) insufficient funding periods. CONCLUSION: The themes that emerged from this study of the perceptions and experiences of the community partners in community-academic partnerships can be critical to further developing and evolving these partnerships.

122. Woolcock, M. The Place of Social Capital in Understanding Social and Economic Outcomes. ISUMA: Canadian Journal of Policy Research. 2001 Spring; Vol. 2(No. 1):pages 11-17.
Abstract: This paper provides a brief introduction to the recent theoretical and empirical literature on social capital as it pertains to economic development issues, with a particular focus on its significance for OECD countries. It reviews the empirical evidence in support of key hypotheses pertaining to economic development, especially the relationship between informal and formal institutions and their collective capacity to manage risk, and explores the implications of a general theory of social capital for economic growth in OECD countries.

The paper addresses three specific questions: (1) How are social capital, human capital and social capability related to one another?; (2) How can social capital be measured?; and (3) How might existing economic growth models give more adequate attention to social capital?

123. Yeatman, H. R. and Nove, T. Reorienting health services with capacity building: a case study of the Core Skills in Health Promotion Project. Health Promotion International. 2002 Dec; Vol. 17(No. 4):Pages 341-350.
Keywords: capacity building, leadership, partnership, reorienting health services
Abstract: This paper presents a case study of the application of a framework for capacity building [Hawe, P., King, L., Noort, M., Jordens, C., and Lloyd, B. (2000) Indicators to help with Capacity Building in Health Promotion. NSW Health, Sydney] to describe actions aimed at building organizational support for health promotion within an area health service in New South Wales, Australia. The Core Skills in Health Promotion Project (CSHPP) arose from an investigation which reported that participants of a health promotion training course had increased health promotion skills but that they lacked the support to apply their skills in the workplace. The project was action-research based. It investigated and facilitated the implementation of a range of initiatives to support community health staff to apply a more preventative approach in their practice and it contributed to the establishment of new organizational structures for health promotion. An evaluation was undertaken 4 years after the CSHHP was established, and 2 years after it had submitted its final report. Interviews with senior managers document analysis of written reports, and focus groups with middle managers and service delivery staff were undertaken. Change was achieved in the three dimensions of health infrastructure, program maintenance and problem solving capacity of the organization. It was identified that the critically important elements in achieving the aims of the project- partnership, leadership and commitment - were also key elements of the capacity building framework in orienting health services to be supportive of health promotion.

Appendix III- Criteria for analysis of individual articles

Criteria for analysis of individual articles November 29

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I. Background

Capacity building?	Community-based research?	Practical?	Includes Measurement?	Rural?

1.	Title	
2.	Author	
3.	Source	
4.	Yr. of Project	
5.	Sector in which work occured	
6.	Funder of project	(government, foundation, community etc.)
7.	Implementer of project	(government, foundation, community etc.)
8.	Definition of Capacity (or related term used)	
9.	Capacity domains addressed	
10.	Capacity for what? Capacity as means/end?	

11. Methods used to measure community capacity?

Primarily quantitative	Primarily qualitative	Mixed methods	N/A
12, 14, 18, 23,7, 5, 19	2, 13, 15, 17,8, 11, 20, 22, 4, 3	10, 21, 1	9

Comments: Almost 50% of the articles that made it to this stage were qualitatively attempting to measure community capacity.

12. What conclusion was reached about the assessment method – is it recommended or not?

Yes	Yes, but needs to be further refined	No, but some valuable aspects	Decision pending/no recommendation
3, 4, 15, 19, 21,7, 8, 11, 10	2, 5, 14, 20, 22, 23, 1, 12, 13, 18		6, 9

Note: there were no outright 'no's'

Comments: Most articles were considered to be believable and are recommended by the authors to be used in other projects.

II. Quality and completeness of the article itself

Should a reader trust in what the article says? Does the article give adequate information about the proposed tools/processes measures so that a reader can make own judgement about them? (to compare with that of the author)

13. Are the authors' conclusions supported by the evidence presented?

Not at all	Somewhat	Very well	N/A
	2,7, 8, 13, 18,	1, 3, 5, 6, 10, 11, 12, 14, 15, 16, 20, 21, 22, 23	4

Comments: The overall quality of the articles was good and the authors' conclusions are well supported by the evidence presented. About 60% of the articles were rated high by the research assessment team

14. To what extent does article focus on measurement of community capacity vs. other purposes?

Marginal	Secondary	Primary
16, 17, 18	2, 6,7, 9, 13, 15, 21	1, 3, 4, 5, 10, 11, 12, 14, 19, 20, 22, 23

Comments: Most of the articles that made it to this cut involved the measurement of community capacity. Amongst these, however, there are those that refer primarily to organizational capacity and those that use community capacity and organizational capacity interchangeably.

15. Is a well-described process used to measure community capacity?

Poorly described	Somewhat	Well described	N/A
6,7, 13, 16, 18, 19	1, 11, 12, 14, 15, 21, 22,	2, 3, 4, 5, 8, 10, 17, 20, 23	9

Comments: The description of process to describe the actual measurement of community capacity was fairly evenly distributed. Some do not describe their process very well at all and stress more on their findings. Some concentrate on process as a capacity building tool as well and some describe process in some detail.

16. Is a well-described tool/instrument used to measure community capacity?

Poorly described	somewhat	Well described	N/A
6,7, 8, 22	1, 2, 11, 14, 17, 18, 21, 23	3, 4, 5, 10, 12, 19, 20	9, 13, 15, 16

Comments: There seemed to be two types of articles- those that had developed a tool to quite an advanced level with little practical trial and those that described field work that developed somewhat in situ and therefore did not have a well-developed tool. Few managed to cover both ends with equal rigour. For example, article 8 has a well-described process, but a poorly described tool. Article 9 has neither tool not process described, rather a project where community capacity was a goal.

17. Does the article suggest (explicitly or implicitly) other "indicators" of success in capacity building (apart from those in the specific approach being applied)?

None	Some	Detailed report/comparison	N/A
2, 3, 4, 5, 6,7, 8, 10, 17, 19, 20, 22, 23	1, 9, 11, 13, 14, 15, 18, 21,	12	16

Comments: Some make passing references to other indicators, some actually speak of deriving their own indicators/tools from others. Most do not refer to any other methods.

III. Relevance of the article for informing policy

Assuming that the reader can take from the article that this is an assessment tool/method that seems to work, then what situations could you use it in? What would it take to do it well/properly?

18. What is extent of community involvement --Who determined that measuring community capacity was needed?

Community driven	Balanced/ collaborative	Funder-driven	N/A
	2, 3, 8, 9, 13, 15, 16, 18	1, 5, 6,7, 11, 14, 17, 20, 22, 23	4, 10, 12, 19, 21

Comments: None of the projects studied were really community-based. Some were balanced, but most were funder-driven. The N/A ones were either those that did not specify, or those that did not actually involve practical projects.

19. What is extent of community involvement --Who determined that this tool and/or these measures would be used to measure community capacity?

Community driven	Balanced/collaborative	Funder-driven	N/A
	2, 6, 8, 9, 13, 15, 18	1, 3, 5, 7, 11, 14, 17, 20, 22, 23	4, 12, 16, 19, 21

Comments: Same as above. Most answers are the same for questions 16 and 17. Only a couple of articles displayed different initiators for the capacity project and the tool used.

20. Is there any indication about prerequisites to undertake a capacity building project?

No mention	Some reference	Detailed account	N/A
4, 10, 11, 18, 19, 20, 23	1, 2, 3, 5, 7, 8, 9, 17, 21, 22	6, 13, 15, 16	

Comments: Most give some idea of pre-requisites - resources and skills needed for capacity building.

21. Is there any indication about prerequisites for using this assessment method?

No mention	Some reference	Detailed account	N/A
6, 14, 18, 19, 22, 23	1, 4, 5, 7, 8, 9, 10, 11, 17, 20, 21	3, 12, 13, 15, 16	

Comments: Most just briefly refer to aspects of organisational capacity and other resources. Some articles spend a lot of time specifying that the pre-requisites are important to the success of the project.

22. Does it provide an estimate of the cost/time needed to conduct this community capacity assessment?

None	Some	detailed	N/A
2, 4, 5,7, 9, 10, 11, 12, 14, 17, 18, 19,	1, 6, 8, 16, 20, 22, 23	3, 13, 15	

Comments: Most have no reference to time and cost. Only three articles have a detailed account of the time and cost implications.

23. How replicable/transferable would the method/tool be in settings other than the one described in the article?

Context specific	somewhat	Very generic	N/A
	5, 13, 14, 15, 16, 18, 22, 23	1, 2, 3, 4, 7, 8, 10, 11, 12, 19, 20, 21	6, 9, 17

Comments: Our perceptions for this varied a little similar to the next question. Facilitation-intensive community development driven projects may be taken as generic (wrt skills) or very context specific (wrt to ease of access, openness, trust etc).

24. What is the ease and practicality of employing the assessment method (e.g. checklists vs. statistical analysis)?

difficult	Somewhat easy	Very easy and practical	N/A
1, 2, 5, 10, 12, 14, 22, 23	9, 13, 15, 18, 21	3, 4, 7, 11, 19, 20	6, 9

Comments: When research team members independently assessed the replicability and ease of the measurement tools reported in the literature, considerable differences in response emerged. This was due to differences in the way "ease" was interpreted. On one side, research team members who took the perspective of community members and front-line health promoters deemed methods that rely upon complex statistical analysis or computer simulations to be difficult, while more qualitative approaches were seen as easier to replicate in the field. On the other side, research team members who noted the great skill and effort required to effectively facilitate group processes deemed those methods to be of the highest difficulty. In discussion, the team acknowledged that both types of method reported in the literature posed unique challenges for any attempt to duplicate them in other practice settings.

25. Does it identify necessary aspects of organizational capacity (e.g. required knowledge and skills) for this method of community capacity assessment?

No mention	Somewhat	Clearly described
5, 9, 10, 11, 12, 14, 18, 23	1, 4, 6, 7, 8, 13, 16, 20,21, 22	2, 3, 15

Comments: Most have no mention of organizational capacity. Some briefly mention some aspect of organizational capacity for the tool they describe. Only 3 articles describe aspects of organizational capacity in detail.

26. Have the results been used by the authors/funders/anyone subsequent to project?

No mention	Passing mention	Specifically mentioned
3, 4, 5, 6,7, 8, 9, 10, 11, 12, 14, 16, 17, 18, 20, 21, 22, 23	1, 2, 13, 15	

N/A 19

Comments: Most have no mention of further use of their prescribed community capacity measurement techniques.

27. Meaningfulness of the conclusions here? Is it a major or minor contribution to the literature from a practice point-of-view?

Minor	Somewhat	Major
6, 8, 9, 18, 19	1, 2, 5,7, 11, 16, 22, 23	3, 4, 10, 12, 13, 14, 15, 20, 21

28. Does anything significant seem to be lacking in the article?

29. Final comments - "So What?"

Appendix IV- Round I Delphi Questionnaire

Research Project Title:

Is it Useful? Assessing the Practical Relevance of the Community Capacity Literature for Rural Health Policy-making and Programming

The following questions emerged from our review of the existing literature on measuring community capacity. They relate to purpose (why measure capacity?), preconditions (when can/should capacity be measured?) and methods (how can/should capacity be measured?). The Project Background, Methods and Findings document and Annotated Bibliography, attached, provide contextual information about what led us to identify these questions. They reflect areas in which we find the literature to be most unclear or incomplete.

We'd ask our respondents to bring to bear your practical experiences in working with communities when answering these questions. As well, you should feel free to comment on and/or challenge our assumptions as well as responding to the questions as posed. Add extra pages as necessary.

Please complete and return by February 15th with your response (in hard copy or as an electronic document) to:

Dimple Roy (Research Assistant)
Suite 2, 708 Memorial Drive NW
Calgary, AB
T2N 3C7
dimpleroy@yahoo.ca

Question 1
No literature search project can ever hope to be totally comprehensive. We would therefore welcome any comments you might have regarding possible limitations of our work to date (e.g., additional search terms, key references or bodies of literature that you may know of which we may have missed).

Question 2
Most of the literature seems to take an evaluative approach; community capacity is being measured in order to judge the success of capacity building efforts (whether as the main or the secondary goal of health promotion/community development projects). Another possible purpose is to measure community capacity as a feature of the community (i.e., in the same way that low-birth weight or life expectancy are used as measures of health status; or as measures of social capital might be used to describe community norms). However we found practically no literature that adopted this perspective.
What do you think is, and/or should be, the primary purpose for measuring community capacity? What are the consequences of making this purpose the primary focus? What other purposes do you think there might be? Would these require different methods and tools for assessing capacity?

Question 3
Most of the literature we reviewed reports on the implementation of community capacity assessment. However, there seems to be little discussion related to the preconditions, or groundwork, required before a capacity assessment can be usefully and successfully undertaken (which we believe is very important from a practitioner perspective).
Could you please articulate, as specifically as possible, the conditions that would need to be in place at the community-level before you would consider undertaking a community capacity assessment exercise? What conditions would contra-indicate the use of community capacity assessment? Please draw upon your practice experience as well as your understanding of relevant theory.

Question 4
We have identified in the literature two distinct approaches to measuring community capacity. One depicts capacity as manifest through inter-organizational networks (coalitions etc.) and thus best measured with tools that describe characteristics of organizations and networks [see for instance the summary of articles #4 and #19 in the annotated bibliography]. The other identifies capacity as a feature of "the community" more generally [see for instance articles #1 and #18]. We assume this distinction may be based on underlying, implicit theories of how community change occurs. Different tools, and potentially different processes, would be required.
In your mind, how are these conceptions related (if at all) -- are they competing, complementary or independent? Which would you favour as the means for measuring capacity, when, and why? Is one 'better' than the other? Can and should they be combined in some fashion?

Question 5

In our reading of the literature, qualitative research methods seem so far to have been more widely used when it comes to measuring community capacity in community-based projects. However, many researchers/authors suggest the desirability of a core set of community capacity indicators. We would expect such a core set of indicators most likely to consist of quantitative measures (for ease of collection, comparability and other reasons).

Do you think that community capacity research should work toward the creation of a recommended core set of (quantitative) indicators? Why/Why not? If yes, can you at this time suggest (from your knowledge and experience) indicators that should be included?

Appendix V- Round II Delphi Questionnaire

Research Project Title

Is it Useful? Assessing the Practical Relevance of the Community Capacity Literature for Rural Health Policy-making and Programming

Introduction

The following contains the Research Team's synthesis of responses to each Round I Delphi question (purposes of capacity assessment, pre-conditions, inter-organizational versus community approaches, and the prospects for a core set of indicators). We've endeavoured to keep this document as short and manageable as possible, which inevitably means that some of the tantalizing wealth of detail given in the responses has been sacrificed.

What we've done in the Round II is propose some key statements about potential directions for future research in measuring community capacity. We ask that you indicate if you are in agreement or lack of agreement with each of these statements. Please elaborate as to your reasons why you responded as you did. Add extra pages if necessary.

Please complete and return by April 15 to

Dimple Roy (Research Assistant)
320-19th Avenue SW
Calgary AB T2S 0C9
dimpleroy@yahoo.ca

Purposes for community capacity assessment

Some respondents agreed with, and none explicitly disputed, our assertion that most of the current literature on measuring community capacity has an evaluative focus. While some respondents said, "it depends," most were willing to take the plunge and identify a primary purpose for measuring community capacity. The range, variety and thoughtfulness of these responses was notable:

- "the primary purpose for measuring community capacity is to provide an assessment for communities to use in reflecting progress towards their stated goals"
- "the purpose of measuring capacity … needs to be for all partners to learn and understand more deeply what needs to be healed, learned or developed in order to achieve development goals"
- "measuring community capacity should first take its place as a means by which communities and people/organizations that want to work with them get from a place of mutual acquaintance and awareness of ways to work together to a place of mutual understanding of specific community issues/gaps/opportunities"
- "the primary purpose for measuring community capacity is to understand how it contributes as a determinant of individual and community health"
- "the whole point of measuring community capacity (and even thinking in terms of community capacity) is to find leverage points for improving the health status of a community"

What struck us most strongly is how these responses seem to be broadly beyond and outside of evaluative purposes. They reflect the benefit of developmental processes, mutual engagement, and knowledge creation, and these may of course (subsequently) lead to action and evaluation of action. But the value in measuring community capacity for many appears to precede such instrumental and focused application.

It's clear to us that community members do not necessarily (in the absence of clear understanding how such information is going to be practically useful and relevant) share the priority of some funders and researchers -- assessing capacity in order later to evaluate community capacity building. From this perspective, the real point to capacity assessment may be getting missed. We feel that practice is being impeded by the limited literature available that reflects how and why (and to what effect) capacity can be measured where the purposes are for other than project-specific evaluation.

Further evaluation research should NOT be a priority area for research funding until the body of literature on other uses and purposes has been further developed and tested.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

We did not ask why the literature was slanted as it was, but some responses (and our reading of the literature) suggest it may be related to who gets to write up their experiences. Most of the published projects are government-, funder-, or academy-sponsored, and these groups may have a stronger interest in project evaluation than does the practice community. This disconnect is highlighted by respondents in comments such as "the literature just does not reflect or capture a lot of excellent practitioner work. Practitioners tend to simply get on with it. The majority of the work does not even get a mention in even grey literature".

Our study of the literature revealed this same kind of disconnect between the theoretical measurement of capacity and the practice of community capacity building. Several articles that met our screening criteria concentrated on the measurement of community capacity in theory without grounding it in practice within communities. On the other hand, the more practice-oriented articles tended to describe the process of community capacity building, with explanation of the measurement process being only a secondary aim. This disconnect between the measurement of community capacity in theory and the practical relevance of this measurement needs to be addressed.

As a priority, research funding should be directed to knowledgeable and skilful community development practitioners so that they may critically reflect on how they have measured capacity in their work (informally, intuitively and formally) and publish these findings.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

Preconditions for Community Capacity Measurement

Our review of the literature indicated that there was very little written about prerequisites or preconditions for community capacity measurement. Respondents, however, were able to identify many conditions they thought needed to be present before they would proceed with such a task.

There was much similarity in these responses. (This is not surprising, as we believe that this group of respondents shares broadly similar values about the importance of community-based research and community development processes.)

In particular, there was strong agreement on the importance of having active support and engagement from community members.

- "a significant group within the community wants to work on an issue or problem"
- "there should be a strong committee/coalition ready to lead -- or at least to take an active part in -- the assessment process"
- "a credible community sponsor … evidence of support from other community groups … key leaders in agreement to do the assessment"

Several respondents linked this to the idea of timing and/or readiness. In particular, one of the things deemed important was that communities be able to be self-critical, which in turn depends upon such factors as a high degree of trust among participants.

- "the community should [be able] to look upon itself, which could mean to uncover conflicts and difficulties"
- "[there must be] resilience to constructive criticism …. [measuring capacity is not appropriate] when it is not a good time to be critical – instead there is a need to boost/build the organization"
- "communities need time to develop a modicum of internal capacity and of shared understanding so that they indeed can enter a collaborative working relationship as true partners who can be equally engaged"

Another theme in the responses was on the need for capacity measurement to have a practical use for community members. For many, that use was most significantly to support an existing community change process.

- "incorporate throughout any community action research so that the development and assessment happen together"
- "from a community member's perspective, community capacity measurement is of little value unless embedded in other development activities"
- "arguably the only time one would want to get involved in community capacity assessment is if there is already shared intent to work on some form of community capacity building"

Priority for research funding should be accorded to those projects where measuring community capacity is demonstrably embedded in an existing community change process.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

It was also put forcefully by some that resources to support the implementation and follow-up were also crucial prerequisites to this work. "Sufficient funds [must be] committed in advance to support the interventions that will be needed to build capacity …. If there is no such commitment, there is no point in doing a formal assessment."

A priority area for research funding should be the systematic study of the preconditions necessary for measuring community capacity.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

A priority for research funding should be to study the degree of success and utility achieved by community capacity measurement projects in situations where preconditions either were or were not identified in advance.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

Targeting Inter-Organizational Networks and/or Engaging Community-wide Participation

From the literature review, we identified two approaches to measuring community capacity. One depicted capacity as manifest through inter-organizational networks and thus best measured with tools that describe characteristics of organizations and networks. The other approach identified capacity as a feature of "the community" more generally. With this approach, capacity would be measured by engaging broad community-wide participation and addressing "the community" as a whole.

Most respondents indicated that the two approaches should be viewed to be complementary and not distinct.

- "I don't believe these are competing approaches, just different, and in ideal circumstances both approaches would be dealt with in a particular instance"
- "these two kinds of community capacity measurement could be done at the same time; we would then have indicators related to the inter-sectoral network as well as to the community as a whole"
- "when capacity is built along one dimension, it often lays the groundwork for other forms of capacity building"

It was interesting to note that some respondents explicitly talked about the difference they saw in an inter-organizational perspective.

They described this approach to measuring community capacity as easier, less time-consuming, more visible, clearly bounded, but "not as in-depth". Although we did not find evidence of these differences in the literature, we felt they were important to note.

A priority area for research should be for a literature review on measuring inter-organizational network capacity in the context of community development work.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

Several respondents urged caution in taking complementary to mean free from potential conflict. The two approaches "can work together or at cross purposes". This caution was described by one respondent as the potential of the inter-organizational capacity approach to be *not* rooted in the community, but in outsiders looking in. The age-old question persisted in the responses: Who is the community? Finally, one respondent summed it up nicely by stating that the two approaches are "based upon value judgement[s] about whose interests should be paramount" and another respondent wrote that the organizational capacity approach has the danger of "boxing-out true community engagement".

A priority area for research should be to publish a theory-driven, practice-based paper on the different methods of measuring capacity from the "community" and the "organizational" vantage points.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

The community and the organizational capacity approaches were succinctly described as having "two vantage points". This theme was pervasive in the responses and the following are examples of how the different vantage points were described:

- "different pathways to community change …. In some communities, change is more likely to occur if the organizations already involved in health promotion develop their internal capacity ... whereas in others it may be more important to involve neighbourhood residents or sensitize the large institutions."
- "If there is no organizational infrastructure extant, capacity building efforts have, of necessity, to be aimed at the 'community' in general."

A priority area for research should be to fund interdisciplinary partnerships including community development and organizational development scholars and practitioners in order to develop complementary methods and tools to measure community capacity.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree __strongly disagree

Please comment:

Creation of a recommended core set of indicators

We read a range of responses to the question regarding pursuit of a core set of capacity indicators. Some respondents suggested that this was desirable: "I agree that community capacity research should work toward a recommended core set of measures." Other respondents gave the opposite response: "I am not a fan of a core set of indicators."

Most took a somewhat middle position; they were skeptical about the current ability of academics and practitioners to achieve a workable core set – "we are far from being able to consider having a core set of indicators" -- and emphasized the possible dangers of prescribing indicators yet were unwilling to jettison the idea entirely. They recognized and stated some ways in which they felt a core set might be useful (though 'useful to whom?' was not always clear).

Possible dangers in pursuing a core set of indicators

- "we might lose community context trying to quantify/normalize indicators; at which point they are no longer useful to communities"
- "there is some questions of domains that don't fit different contexts and that could, if universally applied, wind up being disempowering"
- "Indicators, once declared take on a disproportionate importance and once in the minds of managers and other drivers of projects, can unwittingly skew decision-making"

Possible ways in which a common set of indicators might be useful

- "we recognise the utility of a core set of indicators in assessing progress"
- "I do think there is some promise in looking for standardised measures when we get to some of the specific dimensions of community capacity such as inter-organisational collaboration, trust, leadership, etc."
- "a common set of measures would enable comparisons among communities that all could learn from"

Given, we believe, the struggles already faced by practitioners in understanding the appropriate measurement of capacity and use of that data within individual case contexts, we do not feel that the lack of a core set is an immediate impediment to knowledge development and learning in this area.

Further research into the development of a core set of indicators for community capacity should NOT be a priority at this time.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

There was clear agreement among respondents (and we agree as well), that measuring community capacity demands both qualitative and quantitative information. Though most respondents claimed that qualitative indicators are absolutely necessary, there was also majority claim that quantitative indicators could be selectively used for a better understanding of certain components of community capacity. The challenge for furthering practice lies with our ability to blend these types of data. In particular, as one respondent states, since "there is a strong tendency – in the literature and among health decision-makers – toward quantitative indicators …. we need to deepen the work on qualitative indicators."

A priority for research funding should be to find effective means to blend qualitative and quantitative methods of community capacity measurement in ways that maximize the utility of the combined data set for decision makers' use.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

Different 'domains' of capacity might be more or less amenable to quantification: "the question that should be asked (regarding quantitative methods) is what aspects of community capacity can or should be measured quantitatively?" More than one respondent made this point, yet we do not see the same call reflected in the literature we reviewed.

A priority for research should be to identify particular domains of community capacity that could most easily be well-measured by quantitative indicators.

Do you
___ strongly agree ___ somewhat agree ___ somewhat disagree ___strongly disagree

Please comment:

Appendix VI – List of databases and websites searched

Databases:

CISTI source database including indexes for about 14,000 journals worldwide in all subject areas, mostly in the fields of science, technology and medicine.
Agricola
MedLine Covers international literature on biomedicine, including the allied health fields and the biological and physical sciences, humanities, and information science as they relate to medicine and health care.
ProQuest Digital Dissertations
Academic Search Premier 4300 periodicals peer-reviewed scholarly publications covering many academic areas of study, including social sciences, humanities, education, medical sciences, and ethnic studies.
Caredata database Abstracts of books, government reports, research papers, publications of voluntary organisations, and articles from a wide range of academic, research, practice and news-orientated journals, covering the United Kingdom, North American and other English-language resources.
Centre for Research Libraries (database) Collection of unique and rarely-held research materials.
Social Sciences Abstracts
ERIC database **Indexes** journal articles, books, theses, curricula, conference papers, and standards and guidelines across all educational topics.
OCLC First database- access to various databases
ESRC database
Yahoo search engine **Google** search engine

Websites

Non-governmental organizations
Research Resources for the Social Sciences
Canadian Institute for Health Information
Canadian International Development Agency (CIDA)
Centre for Community Enterprise
Civic Practices Network
Community Development Society
David Suzuki Foundation
Department for International Development (DFID) UK
Environment Canada
Ford Foundation
Health Canada
Institute of Development Studies
International Institute of Sustainable Development
IUCN- The World Conservation Union
MacLeod Institute
Medicine Hat Community Network
National Strategies for Sustainable Development
Natural Resources Canada
Resilient Communities Archives
Rocky Mountain Institute
Sharing Strengths
Sierra Health Foundation Sustainability
Sustainable Communities Network
Sustainable Measures
The Aspen Institute
The International Council for Local Environmental Initiatives
The National Centre for Small Communities
The Pembina Institute
The Piton Foundation
The World Bank
Tides Foundations
United Nations Development Program
Urban Institute
W. K. Kellogg Foundation
World Bank
Universities
Center for Community Economic Development, University of Wisconsin
Children, Youth and Families at Risk project (Iowa State University)
Columbia University Health Sciences Center
Community and Economic Development, University of Urbana-Champaign
Department of Social Work, University of Manitoba

Harvard University
NHS Centre for Reviews and Dissemination, The University of York
Northwestern University
Social Sciences Unit, University of Missouri
The Community Economic Development Centre, Simon Fraser University
The North Central Regional Center for Rural Development, Iowa State University
The University Western Ohio
University of Kansas
Government sources
2000-2001 Report on Social Indicators, City of New York
Centers for Disease Control and Prevention (US)
City of Albuquerque (US)
City of Richmond, BC, Canada
The National Council of University Research Administrators (US)

Programme de recherche sur les politiques en matière de santé

Résumé du rapport final

Titre :	**Mesurer la capacité communautaire : situation de l'examen effectué sur les lieux et recommandations pour les recherches futures**
Nom du chercheur :	**Monsieur Neale Smith**
Date de la fin du projet :	**Mars 2003**
Catégorie de recherche :	**Synthèse**
Institution :	**Région sanitaire de David Thompson (Alberta)**
Numéro du projet :	**6795-14-2001/4440001**

Résumé

Importance

La capacité communautaire occupe une place de plus en plus importante dans la promotion de la santé depuis dix ans. Elle se définit comme « la capacité des personnes et des collectivités à prendre les mesures nécessaires à l'égard des déterminants de la santé chez les habitants de cette région » (Bopp, GermAnn, Bopp, Baugh Littlejohns et Smith, 2000). L'intérêt pour la capacité communautaire a cru à mesure que les praticiens et les théoriciens de la promotion de la santé ont constaté que l'efficacité d'une mesure dépendait de la participation directe des collectivités et du partage du pouvoir décisionnel. Nous estimons qu'il est utile de mesurer la capacité communautaire non seulement pour déterminer à quel point les membres d'une collectivité peuvent travailler ensemble à l'égard des déterminants de la santé, mais aussi pour évaluer de façon générale l'état de santé de la collectivité.

Analyse documentaire

L'équipe de chercheurs a consulté les publications et la littérature grise pour relever des articles pertinents à l'aide de mots-clés comme « capacité communautaire », « habilitation » et « capital social ». Elle a rassemblé 123 articles susceptibles d'être pertinents. Elle les a examinés en fonction de cinq critères : L'article porte-t-il sur la capacité communautaire? Décrit-il de véritables tentatives de mesurer la capacité? S'agissait-il d'une recherche communautaire? A-t-elle fourni des orientations pratiques pour les décideurs? A-t-elle eu lieu en milieu rural? Vingt-trois articles répondaient à suffisamment de critères pour être étudiés plus en profondeur. Ces articles contribuaient de façon importante au domaine de la mesure de la capacité communautaire.

Nous avons ensuite dégagé les thèmes principaux et les grandes lacunes dans la documentation (du point de vue des praticiens). Ces thèmes principaux sont les suivants : 1) Écarts entre la théorie et la pratique; 2) Perspectives des initiés et des non-initiés; 3) Comparaison des projets dirigés par les bailleurs de fonds et des projets communautaires; 4) Buts de l'évaluation de la capacité communautaire; 5) Conditions préalables à l'évaluation de la capacité communautaire; 6) Choix de la méthode; 7) Nécessité de méthodes mixtes; 8) Capacité communautaire ou capacité interorganisations; 9) Domaines de la capacité communautaire; 10) Incidence de l'évaluation de la capacité communautaire et 11) Manque de données présentant un intérêt pour les régions rurales.

Consultations Delphi

Nous avons invité 11 praticiens et théoriciens du Canada et des États-Unis à participer à deux séries de consultations Delphi. Durant la première série, nous leur avons expédié les résultats de notre analyse des documents choisis et leur avons demandé leur avis sur quatre lacunes importantes que nous avions relevées : 1) Buts de l'évaluation de la capacité communautaire; 2) Conditions préalables à une évaluation réussie de la capacité communautaire; 3) Niveaux d'évaluation et 4) Valeur d'un ensemble d'indicateurs de base relatifs à la capacité communautaire. Ils nous ont fait part de leurs commentaires sur ces sujets. Nous avons ensuite compilé leurs commentaires et envoyé un second questionnaire contenant l'ébauche de recommandations afin d'obtenir leur rétroaction. Les réponses à cette seconde série de consultations nous ont aidé à formuler nos recommandations.

Recommandations

Recommandation 1

Nous recommandons à Santé Canada de financer des partenariats **interdisciplinaires de recherche** composés de spécialistes et de praticiens du développement organisationnel ou communautaire afin de mettre au point des méthodes complémentaires ou mixtes d'évaluation de la capacité communautaire.

Les résultats attendus de cette initiative sont les suivants :

- clarification des différents niveaux d'évaluation (évaluation visant les réseaux interorganisations ou évaluation visant la collectivité dans son ensemble, où il y a une forte participation du public);
- mise au point continue d'instruments appropriés et complémentaires pour l'évaluation à chaque niveau;
- mise au point continue de méthodes et d'instruments mixtes (à savoir qualitatifs et quantitatifs) pour l'évaluation de la capacité communautaire;
- établissement d'indicateurs valides et potentiellement transférables de la capacité communautaire en vue de leur mise en œuvre;

- meilleure compréhension des conditions préalables à des évaluations à valeur ajoutée de la capacité communautaire, réalisées dans divers contextes communautaires.

Recommandation 2

Nous recommandons à Santé Canada de financer des projets **interdisciplinaires de recherche** qui mettent à contribution des spécialistes et des praticiens du développement organisationnel ou communautaire et qui a) ont pour but premier de mesurer la capacité communautaire en tant que déterminant de la santé, b) utilise des méthodes et des instruments mis au point conformément à la recommandation 1 et c) sont manifestement intégrés aux processus de changement communautaire. Deuxièmement, nous recommandons au Ministère de financer des **travaux de recherche sur l'évaluation** qui visent une meilleur compréhension de la façon dont les initiatives d'amélioration de la santé communautaire peuvent se traduire par une capacité communautaire accrue.

Pour être financés, les projets de recherche proposés doivent comprendre des questions de recherche précises visant l'acquisition de connaissances sur au moins un des aspects suivants :

- L'efficacité et l'efficience des méthodes et des instruments d'évaluation de la capacité communautaire (d'un point de vue pratique).
- La validité et la transférabilité potentielle des indicateurs de la capacité communautaire mis au point. Cela supposerait une étude comparative.
- L'analyse de la façon dont la présence ou l'absence des conditions essentielles dans divers contextes communautaires influent sur les résultats de l'évaluation de la capacité communautaire.
- La description et l'interprétation de l'utilisation des mesures de la capacité communautaire. Il faudrait un financement à long terme ou des études de suivi des travaux antérieurs.
- L'analyse et l'examen critique de l'incidence de la théorie du changement appliquée et des niveaux d'évaluation associés (évaluation portant sur les réseaux interorganisations ou sur la collectivité dans son ensemble).

Recommandation 3

Nous recommandons à Santé Canada de financer un projet de recherche visant les spécialistes et les praticiens du développement organisationnel ou communautaire participant aux deux initiatives de recherche susmentionnées (recommandations 1 et 2) afin d'améliorer notre compréhension des mécanismes efficaces et efficients de **transfert des connaissances** liées à l'évaluation de la capacité communautaire.

**Les opinions exprimées ici ne représentent
pas nécessairement le point de vue de Santé Canada**

En plus de ce résumé, vous pouvez obtenir le rapport des deux manières décrites ci-dessous.

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- La version électronique du rapport final est disponible sur demande dans la langue de soumission. Pour l'obtenir, écrivez à Santé Canada à l'adresse suivante : rmddinfo@hc-sc.gc.ca

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http://www.hc-sc.gc.ca/iacb-dgiac/arad-draa/francais/dgdr/prpsindex.html